FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am § Secretary of State . P96000093346 DOCUMENT # 1. Entity Name 04-22-2002 90314 027 \*\*\*150 NEW TAMPA IMPROVEMENT DISTRICT, INC. Principal Place of Business Mailing Address 6000 COMPTON ESTATE WAY 6000 COMPTON ESTATE WAY TAMPA FL 33647 TAMPA FL 33647 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3410521 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INGLIS, JOHN S Street Address (P.O. Box Number is Not Acceptable) SHUMAKER, LOOP & KENDRICK, LLP 101 E KENNEDY BLVD #2800 Zip Code **TAMPA FL 33602** City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE TITLE Delete NAME KINSLER, WARREN NAME STREET ADDRESS 6000 COMPTON ESTATE WAY STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME WILF, LEONARD NAME STREET ADDRESS STREET ADDRESS **820 MORRIS TURNPIKE** CITY-ST-ZIP CITY-ST-ZIP SHORT HILLS NJ 07078 ☐ Addition Change Delete TITLE TITLE NAME NAME WILF, ZYGMUNT STREET ADDRESS STREET ADDRESS **820 MORRIS TURNPIKE** CITY-ST-ZIP CITY-ST-ZIP SHORT HILLS NJ 07078 ☐ Change Addition Delete TITLE TITLE NAME NAME WILF, MARK STREET ADDRESS **820 MORRIS TURNPIKE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHORT HILLS NJ 07078 Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #