

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002539

Entity Name: GREATER TAMPA BAY MARINE ADVISORY COUNCIL PORTS, INC.**FILED**
Feb 21, 2023
Secretary of State
8227024178CC**Current Principal Place of Business:**UNIV OF SO FL/DEPT OF MARINE SCIENCE
140 7TH AVE S
ST PETERSBURG, FL 33701**Current Mailing Address:**UNIV OF SO FL/DEPT OF MARINE SCIENCE
140 7TH AVE S
ST PETERSBURG, FL 33701 US**FEI Number: 59-3187770****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BUFFINGTON, JOHN M
UNIV SO FL/DEPT OF MARINE SCIENCE
140 AVE S
ST PETE, FL 33701 US*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: JOHN M. BUFFINGTON****02/21/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LUTHER, MARK
Address UNIV OF SO FL/DEPT OF MARINE SCIENCE
140 7TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title PRESIDENT, DIRECTOR
Name BUFFINGTON, JOHN M
Address UNIV OF SO FL/DEPT OF MARINE SCIENCE
140 7TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title D, SECRETARY
Name GIULAINI, BRIAN G.
Address UNIV OF SO FL/DEPT OF MARINE SCIENCE
140 7TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title D, TREASURER
Name TIBBETT, PETER
Address UNIV OF SO FL/DEPT OF MARINE SCIENCE
140 7TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name WHITE, JERE M
Address UNIV OF SO FL/DEPT OF MARINE SCIENCE
140 7TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR, VP
Name BREAUX, THOMAS BRADY
Address UNIV OF SO FL/DEPT OF MARINE SCIENCE
140 7TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name FLUKE, TERRY W.
Address UNIV OF SO FL/DEPT OF MARINE SCIENCE
140 7TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name BAGBY, WILLIAM L
Address UNIV OF SO FL/DEPT OF MARINE SCIENCE
140 7TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, SHAWN
Address UNIV OF SO FL/DEPT OF MARINE SCIENCE
 140 7TH AVE S
City-State-Zip: ST PETERSBURG FL 33701