

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46518

1. Entity Name

TAMPA BAY SURVEY AND MAPPING SCHOLARSHIP FUND, I

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90044 021 ****61.25

Principal Place of Business

Mailing Address

3118 KENSINGTON AVENUE
TAMPA FL 33629

3118 KENSINGTON AVENUE
TAMPA FL 33629-8922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESTER, JOHN
3118 KENSINGTON AVENUE
TAMPA FL 33629

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **THOMPSON, RAYMOND**
CITY-ST-ZIP **7000 BEACH PLAZA #802**
ST. PETERSBURG BEACH FL 33706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **CLANTON, ROBERT JOHN**
CITY-ST-ZIP **914 E. CURTIS ST.**
TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LESTER, JOHN**
CITY-ST-ZIP **3118 KENSINGTON AVENUE**
TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WESTON, ROBERT S.**
CITY-ST-ZIP **4205 PRESERVE PLACE**
PALM HARBOR FL 34685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PIERCE, LESLIE**
CITY-ST-ZIP **8038 GARDNER RD.**
TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PRADO, JENNIFER**
CITY-ST-ZIP **1501 W RIVER SHORES WAY**
TAMPA FL 33603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2000 813-831-4869
Date Daytime Phone #

146518

Attachment
00049880

UNIFORM BUSINESS REPORT (UBR)

Additional Sheet

Title:	D
Name:	Brown, Timothy M.
Street Address:	910 N. Parsons Avenue
City, St, Zip:	Brandon, FL 33510