



**FLORIDA  
REDEVELOPMENT  
ASSOCIATION**

## FLORIDA REDEVELOPMENT ASSOCIATION TAMPA BAY REGIONAL MEETING

Valencia Gardens Restaurant, 811 West Kennedy Blvd, Tampa  
(SR 60 - Downtown Tampa just west of the University of Tampa)

July 23, 2008

### AGENDA

**11:30 until 1:30PM – Lunch Included**

**\$17 AT DOOR, \$15 with pre-registration**

**11:30 – 11:45**

**Check-in and Lunch (choice of beef, chicken or fish entrée or salad/sandwich entrée)**

**11:45 – 12:00PM**

**Introductions – Jim Hosler, TBE Group, Inc, and Regional Representative, Florida Redevelopment Association**

**12:00 – 12:40PM**

**Presentation by Ron Weaver and Leigh Fletcher of Stearns, Weaver, Miller, Weisler, Alhadeff and Sitterson, PA re: the results of the Legislative Session for redevelopment and economic development in Florida, Strand and Questions and Answers**

**12:40 – 1:20PM**

**Presentation by Judi Jetson, Director, USF Collaborative for Children, Families and Community re: the opportunities for FRA to collaborate with the USF Institute of Government, and Questions and Answers**

**1:20 – 1:30PM**

**2008 Annual Conference in Tampa – Tours and Sponsors – Jim Hosler, Regional Rep FRA**

**1:30**

**Next Meeting and Adjournment**

### QUESTIONS?

#### CONTACT

*Jim Hosler, Tampa Bay Regional Representative for the FRA  
(727) 431-1703 or email at [jhosler@tbe-group.com](mailto:jhosler@tbe-group.com)  
TBE Group, Inc., 380 Park Place Blvd. Suite 230, Clearwater, 33759*



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## *Tampa Bay Regional Luncheon*

Wednesday  
July 23, 2008

### **Registration Form**

*Return completed form with fee to FRA, P.O. Box 1757, Tallahassee, Florida 32302-1757. Checks accepted, or payments by Visa or MasterCard must be faxed to 850/222-3806. If you have any questions, contact Jan Piland at 850/222-9684. All registrations must be received by July 15th.*

Date: Wednesday, July 23, 2008  
Time: 11:45 a.m. – 2:00 p.m.  
Location: Valencia Garden Restaurant  
811 West Kennedy Blvd.  
Tampa, FL 33606

Cost: \$15.00 (*lunch provided*)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Title: \_\_\_\_\_ Agency Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Payment must accompany each form!**

\$15 per person

Check (Payable to **FRA**)  Visa  MasterCard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_

Card Holder's Name \_\_\_\_\_ Signature \_\_\_\_\_