

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90095 015 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 708704

1. Entity Name

BUILDERS ASSOCIATION OF GREATER TAMPA, INC.

Principal Place of Business

Mailing Address

2918 W. KENNEDY BLVD
 STE 201
 TAMPA FL 33609
 US

2918 W. KENNEDY BLVD.
 STE 201
 TAMPA FL 33609
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0735336

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

NARKIEWICZ, JOSEPH A
2918 W. KENNEDY BLVD
STE 201
TAMPA FL 33609

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SHIMBERG, SCOTT	
STREET ADDRESS	611 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, RILEY	
STREET ADDRESS	PO BOX 637	
CITY-ST-ZIP	BRANDON FL 33509	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CROSTHWAITE, BILL	
STREET ADDRESS	PO BOX 111, PLAZA 5	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHUMARD, TOM	
STREET ADDRESS	97 DAVIS BLVD., UNIT B	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CROCE, BILL	
STREET ADDRESS	1926 US HWY 301 N	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, RAYMOND	
STREET ADDRESS	PO BOX 2168	
CITY-ST-ZIP	BRANDON FL 33509	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shumard, Tom	
STREET ADDRESS	97 Davis Blvd unit B	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tucker, Riley	
STREET ADDRESS	P.O. Box 637	
CITY-ST-ZIP	Brandon, FL 33509	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart, Tonja	
STREET ADDRESS	1911 US Hwy 301 N. # 200	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Whyte, Don	
STREET ADDRESS	15310 Amberly Dr	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shimberg, Scott	
STREET ADDRESS	611 West Bay St	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crosthwaite, Bill	
STREET ADDRESS	P.O. Box 111-Plaza 5	
CITY-ST-ZIP	Tampa, FL 33601	

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

1/4/01

Date

Daytime Phone #

CR2E037 (10/00)