

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738301

1. Entity Name

TAMPA CROSSROADS, INC.

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90023 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5120 N. NEBRASKA AVENUE  
 TAMPA FL 33603

5120 N. NEBRASKA AVENUE  
 TAMPA FL 33603-2364

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1743719

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANLON, JAMES  
 101 E. KENNEDY BLVD,  
 SUITE 1500  
 TAMPA FL 33602

Name  
**JORGE ACEVEDO**

Street Address (P.O. Box Number is Not Acceptable)  
**400 N. ASHLEY ST, SUITE 2800**

City  
**TAMPA**

FL

Zip Code  
**33602**

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

*Jorge Acevedo*

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	CD	<input type="checkbox"/> Delete
NAME	BROWN, ELLEN	
STREET ADDRESS	3308 E SEVILLA CIR	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CAREY, KEVIN	
STREET ADDRESS	P O BOX 3239 N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARRISH, DAVID C	
STREET ADDRESS	P O BOX 3371 N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FERRARO, JOSEPH	
STREET ADDRESS	1511 N WESTSHORE BLVD, STE 600	
CITY-ST-ZIP	TAMPA FL 33607-4523	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE-PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIR/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN KRAMER	
STREET ADDRESS	911 CROWS NEST LANE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jorge Acevedo, Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/00  
 Date

(813) 222-5478  
 Daytime Phone #