

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90209 012 \*\*\*\*70.00

**DOCUMENT # 766039**

1. Entity Name

**TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

2139 N.E. COACHMAN ROAD  
 CLEARWATER FL 33765  
 US

2139 N.E. COACHMAN ROAD  
 CLEARWATER FL 33765  
 US

80009639



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2252762**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHWARTZ, GREGORY E.**  
**2139 NE COACHMAN RD**  
**CLEARWATER FL 33765**

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: **CD**  Delete  
 NAME: **KINNEY, BOB**  
 STREET ADDRESS: **8474 TAMPA ROAD**  
 CITY-ST-ZIP: **PALM HARBOR FL 34684**

TITLE: **S**  Change  Addition  
 NAME: **Kemp, Linda L**  
 STREET ADDRESS: **11701 Belcher Rd S**  
 CITY-ST-ZIP: **Largo, FL 33773**

TITLE: **VCD**  Delete  
 NAME: **JONES, DAVID**  
 STREET ADDRESS: **2515 COUNTRYSIDE BLVD**  
 CITY-ST-ZIP: **CLEARWATER FL 34623**

TITLE: **CD**  Change  Addition  
 NAME: **Jones, David**  
 STREET ADDRESS: **2515 Countryside Blvd**  
 CITY-ST-ZIP: **Clearwater, Fla 34623**

TITLE: **S**  Delete  
 NAME: **GROTH, HOWARD**  
 STREET ADDRESS: **2078 S DRUID CIR**  
 CITY-ST-ZIP: **CLEARWATER FL 33764**

TITLE: **VCD**  Change  Addition  
 NAME: **Groth, Howard**  
 STREET ADDRESS: **2078 S Druid Cir**  
 CITY-ST-ZIP: **Clearwater, Fla 33764**

TITLE:  Delete  
 NAME: **MCFATE, JOSEPH R**  
 STREET ADDRESS: **1749 STARDUST DR**  
 CITY-ST-ZIP: **CLEARWATER FL 33755**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **P**  Delete  
 NAME: **SCHWARTZ, GREGORY E**  
 STREET ADDRESS: **2139 NE COACHMAN RD**  
 CITY-ST-ZIP: **CLEARWATER FL 33765**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **VP**  Delete  
 NAME: **VITALE, CARRIE**  
 STREET ADDRESS: **2139 NE COACHMAN RD**  
 CITY-ST-ZIP: **CLEARWATER FL 33765**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gregory E Schwartz - President**

**Jan 9, 2002**

Date

**727-442-7075**

Daytime Phone #

CR2E037 (9/01)