

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90060 019 ****61.25

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DOCUMENT # NO1000006748

1. Entity Name

WELCOME TO TAMPA BAY AREA INTERNATIONAL CLUB, IN C.



Principal Place of Business

**13045 74TH AVENUE NORTH
SEMINOLE FL 33776**

Mailing Address

**13045 74TH AVENUE NORTH
SEMINOLE FL 33776**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3748016**

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

**DURR, PADMINI
13045 74TH AVENUE NORTH
SEMINOLE FL 33776**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **DURR, PADMINI**
STREET ADDRESS **13045 74TH AVENUE NORTH**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **Director** ☐ Change ☒ Addition
NAME **KAREN BAUGH**
STREET ADDRESS **13001 74 AVE**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **DS** ☐ Delete
NAME **DASTOOR, IECHEM Tehmi**
STREET ADDRESS **9084 BAYWOOD PARK DRIVE**
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **Director - Treasurer** ☐ Change ☒ Addition
NAME **Arlene Panayotti**
STREET ADDRESS **1200 - 56 st N**
CITY-ST-ZIP **St Petersburg, FL 33710**

TITLE **D** ☐ Delete
NAME **FERNANDEZ, MARITZA**
STREET ADDRESS **9525 BLIND PASS ROAD #901**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL 33706**

TITLE **Director** ☐ Change ☒ Addition
NAME **Parimala Nathan Palani**
STREET ADDRESS **17718 Grey Eagle Rd**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Karen Baugh, Director

7-28-03 (722) 394-2264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)