

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90468 041 ****61.25

DOCUMENT # N29649

1. Entity Name

FRIENDS OF TAMPA RECREATION, INC.

Principal Place of Business

Mailing Address

RONALD SALTZMAN
 1420 N. TAMPA STREET
 TAMPA FL 33602

C/O JOSEPH ABRAHAMS
 1420 N. TAMPA STREET
 TAMPA FL 33602
 US

2. Principal Place of Business

3. Mailing Address

C/O Joseph Abraham's

Suite, Apt. #, etc.

1420 N Tampa St

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33602

4. FEI Number

59-2920852

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

ABRAHAMS, JOSEPH
 1420 N TAMPA ST.
 TAMPA FL 33602

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

Joe Abraham

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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 DP
 NAME SCHECT, NEAL
 STREET ADDRESS 2909 W BAY BLVD #600
 CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

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

TITLE D
 NAME ABRAHAMS, JOE
 STREET ADDRESS 1420 N TAMPA ST
 CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE D
 NAME GOLD, HERB
 STREET ADDRESS 713 S OREGON AVE
 CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

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

TITLE DT
 NAME LENKER, MARK
 STREET ADDRESS 324 S HYDE PARK AVE 230
 CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE D
 NAME SUAREZ, JIM A.
 STREET ADDRESS 3601 N NEBRASKA AVE
 CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE DV
 NAME BELL, JEFFREY
 STREET ADDRESS 2911 TIMBERKNOLL DRIVE
 CITY-ST-ZIP VALRICO FL ☐ Delete

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

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:

Mark Lenker

4/28/02

813-223-3455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)