

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N33996**

1. Entity Name

**TAMPA CRUIS-A-CADE CLUB, INC.**

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90046 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>TAMPA CRUIS-A-CADE CLUB 700 W. ROSS AVE. TAMPA FL 33603 US</b>	Mailing Address <b>PO BOX 7686 TAMPA FL 33673-7686 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-6176972</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STEPHEN, TAUB  
15914 WINDING DR  
TAMPA FL 33624**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WEST, JOSEPH</b>	
STREET ADDRESS	<b>8713 EDNAM PL</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>FUNKHOUSER, DARL</del>	
STREET ADDRESS	<del>3918 YELLOW FINCH RD</del>	
CITY-ST-ZIP	<del>LUTZ FL</del>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BEATTY, P J</b>	
STREET ADDRESS	<b>14026 CAPITOL DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>TAUB, S</b>	
STREET ADDRESS	<b>15914 WINDING DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOGAN, S</b>	
STREET ADDRESS	<b>2901 W BURKE ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input 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		<input 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		

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: STEPHEN TAUB, TREASURER 1/3/00 813-265-1321  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (9/99)