

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90267 048 \*\*\*\*61.25

**DOCUMENT # N44637**

1. Entity Name

**LIMOUSINE ASSOCIATION OF TAMPA BAY, INC.** ✓

Principal Place of Business

1408 N. WEST SHORE BLVD., STE 906  
 TAMPA FL 33607  
 US

Mailing Address

P.O. BOX 26122  
 TAMPA FL 33623-6122  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3083827**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WAUGH, BRIAN J**  
**407 S. ORION AVE**  
**CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name **Kenneth C. Lange**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5105 W. CYPRESS ST**  
 City **TAMPA, FL** FL Zip Code **33607**

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**  
**After September 13, 2000 min. will be \$236.25**

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 **VPD**  Delete  
 NAME **WAUGH, BRIAN J**  
 STREET ADDRESS **407 S. ORION AVE**  
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **PARKER, JOHN**  
 STREET ADDRESS **1408 N. WESTSHORE BLVD., STE 906**  
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PAPPALARDO, DENNIS**  
 STREET ADDRESS **2246 CORK OAK ST**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **LANGE, KEN**  
 STREET ADDRESS **5105 WEST CYPRESS**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **PRESIDENT**  Change  Addition  
 NAME **KEN LANGE**  
 STREET ADDRESS **SAME**  
 CITY-ST-ZIP **33607**

TITLE **SD**  Delete  
 NAME **LANGE, DARLENE**  
 STREET ADDRESS **5105 WEST CYPRESS**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE  Change  Addition  
 NAME **SAME**  
 STREET ADDRESS  
 CITY-ST-ZIP **33607**

TITLE **D**  Delete  
 NAME **WARCH, LONNIE**  
 STREET ADDRESS **1950 11TH STREET S.W.**  
 CITY-ST-ZIP **LARGO FL 33778**

TITLE  Change  Addition  
 NAME **JULIE HERRING**  
 STREET ADDRESS **17119 US HWY 19**  
 CITY-ST-ZIP **CLW, FL 33764**

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE