

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738301

1. Entity Name

TAMPA CROSSROADS, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90023 014 ****61.25

Principal Place of Business
5120 N. NEBRASKA AVENUE
TAMPA FL 33603

Mailing Address
5120 N. NEBRASKA AVENUE
TAMPA FL 33603-2364

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1743719

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

HANLON, JAMES
101 E. KENNEDY BLVD,
SUITE 1500
TAMPA FL 33602

Name

JORGE ACEVEDO

Street Address (P.O. Box Number is Not Acceptable)

400 N. ASHLEY ST, SUITE 2800

City

TAMPA

FL

Zip Code

33602

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

Jorge Acevedo

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 BROWN, ELLEN
STREET ADDRESS 3308 E SEVILLA CIR
CITY-ST-ZIP TAMPA FL 33629

TITLE VICE-PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CED ☐ Delete
NAME CAREY, KEVIN
STREET ADDRESS P O BOX 3239 N/A
CITY-ST-ZIP TAMPA FL 33601

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

TITLE SD ☐ Delete
NAME PARRISH, DAVID C
STREET ADDRESS P O BOX 3371 N/A
CITY-ST-ZIP TAMPA FL 33601

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

TITLE CD ☐ Delete
NAME FERRARO, JOSEPH
STREET ADDRESS 1511 N WESTSHORE BLVD, STE 600
CITY-ST-ZIP TAMPA FL 33607-4523

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CHAIR/DIRECTOR ☐ Change ☒ Addition
NAME ANN KRAMER
STREET ADDRESS 911 CROWS NEST LANE
CITY-ST-ZIP TAMPA FL 33602

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:

Jorge Acevedo, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/00
Date

(813) 222-5478
Daytime Phone #