

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740879

1. Entity Name

THE SPRING OF TAMPA BAY, INC.

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

04-23-2000 90045 041 ****70.00

Principal Place of Business

2807 N. 35TH ST.
P O BOX 4772
TAMPA FL 33677

Mailing Address

P.O. BOX 4772
TAMPA FL 33677-4772
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1777135

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BRAYBOY, CAROLYN
144 23RD AVE S
ST PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name
Renfroe, Kimberly E.

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

14035 N. Dale Mabry Hwy.

City

Tampa

FL

Zip Code
33618-2401

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

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

TITLE PD ☐ Delete
NAME SILVER, KAREN
STREET ADDRESS 9123 SYMPHONY BEACH LANE
CITY-ST-ZIP APOLLO BEACH FL

TITLE PED ☐ Delete
NAME RENFROE, KIMBERLY E
STREET ADDRESS 3802 ERlich ROAD #303
CITY-ST-ZIP TAMPA FL

TITLE T ☐ Delete
NAME DANON, LYNNE
STREET ADDRESS 201 EAST KENNEDY BLVD, SUITE 1200
CITY-ST-ZIP TAMPA FL

TITLE DV ☐ Delete
NAME HORNE, POLLY
STREET ADDRESS 4442 RANCHWOOD LANE
CITY-ST-ZIP TAMPA FL 33624

TITLE S ☐ Delete
NAME NORTH, FRANK
STREET ADDRESS 1307 WEST KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Renfroe, Kimberly E.
STREET ADDRESS 14035 N. Dale Mabry Hwy.
CITY-ST-ZIP Tampa, FL 33618-2401

TITLE PED ☒ Change ☐ Addition
NAME Silver, Karen
STREET ADDRESS 913 Symphony Beach Lane
CITY-ST-ZIP Apollo Beach, FL 33572

TITLE T ☒ Change ☐ Addition
NAME Kauffman, Kermit J
STREET ADDRESS P.O. Box 191
CITY-ST-ZIP Tampa, FL 33601-10191

TITLE DV ☒ Change ☐ Addition
NAME Cathy Beveridge
STREET ADDRESS 501 E. Kennedy Blvd., Suite 1700
CITY-ST-ZIP Tampa, FL 33602

TITLE S ☒ Change ☐ Addition
NAME Dias, Joan
STREET ADDRESS 411 N. Franklin Street
CITY-ST-ZIP Tampa, FL 33602

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:

Kimberly E Renfroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)