

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004598

1. Entity Name

TAMPA BAY B.E.E.R.S. (BREWING ENTHUSIASTS ENJOY)

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90161 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6008 NORTH OTIS AVENUE  
TAMPA FL 33604

P.O. BOX 24691  
TAMPA FL 33623

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

NOT APPLICABLE

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

~~HAHA~~  
HAHA, KAREN V  
6008 NORTH OTIS AVENUE  
TAMPA FL 33604

\*Please correct spelling  
of last name  
HAHN (not HAHA)

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

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 D ☐ Delete  
NAME JENKINS, WILLIAM L  
STREET ADDRESS 9805 THORNBRIDGE ROAD  
CITY-ST-ZIP TAMPA FL 33612

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

TITLE D ☐ Delete  
NAME EALES, RAY  
STREET ADDRESS 6008 NORTH OTIS AVENUE  
CITY-ST-ZIP TAMPA FL 33604

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

TITLE D ☐ Delete  
NAME GLADISH, JEFFREY  
STREET ADDRESS 1307 EAST FLORA  
CITY-ST-ZIP TAMPA FL 33604

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

TITLE T ☐ Delete  
NAME COIT, RICHARD T  
STREET ADDRESS 10707 CROWNGATE LANE  
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete  
NAME KIGHT, TERRI  
STREET ADDRESS 1416 MAY STREET  
CITY-ST-ZIP LUTZ FL 33549

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

TITLE D ☐ Delete  
NAME HAHN, KAREN  
STREET ADDRESS 6008 OTIS AVE  
CITY-ST-ZIP TAMPA FL

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: *KAREN D HAHN* REKAREN D HAHN

7/15/2000 (813) 273-8778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)