

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90164 001 ****70.00

DOCUMENT # 740879

1. Entity Name

THE SPRING OF TAMPA BAY, INC.

Principal Place of Business

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

Mailing Address

**P.O. BOX 4772
TAMPA FL 33677
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

59-1777135

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

**RENFROE, KIMBERLY E
14035 N DALE MABRY HWY
TAMPA FL 33618-2401**

Name

Beveridge, Cathy

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

501 E. Kennedy Blvd, Ste. 1700

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

Cathy Beveridge

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/02

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 **PD** ☐ Delete
NAME **RENFROE, KIMBERLY E**
STREET ADDRESS **14035 N DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL 33618-2401**

TITLE **PD** ☒ Change ☐ Addition
NAME **Beveridge, Cathy**
STREET ADDRESS **501 E. Kenedy Blvd., Ste. 1700**
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE **PED** ☐ Delete
NAME **BEVERIDGE, CATHY**
STREET ADDRESS **501 E KENNEDY BLVD STE 1700**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **PED** ☒ Change ☐ Addition
NAME **Bertram T. Martin, Jr.**
STREET ADDRESS **2805 Parkland Blvd.**
CITY-ST-ZIP **Tampa, Florida 33609**

TITLE **T** ☐ Delete
NAME **KAUFFMAN, KERMIT J**
STREET ADDRESS **PO BOX 191**
CITY-ST-ZIP **TAMPA FL 33601-1019**

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

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

TITLE **DV** ☒ Change ☐ Addition
NAME **Beth Waters, Esq.**
STREET ADDRESS **824 South Rome Avenue**
CITY-ST-ZIP **Tampa, Florida 33606**

TITLE **S** ☐ Delete
NAME **DIAS, JOAN**
STREET ADDRESS **411 N FRANKLIN ST**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **S** ☒ Change ☐ Addition
NAME **Erika Wallace**
STREET ADDRESS **1801 Bayshore Blvd.**
CITY-ST-ZIP **Tampa, Florida 33606**

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:

Cathy Beveridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 813-222-1145

Date

Daytime Phone #

CR2E037 (9/01)