

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90186 024 ****70.00

DOCUMENT # N95000004598

1. Entity Name

TAMPA BAY B.E.E.R.S. (BREWING ENTHUSIASTS ENJOYING REAL SUDS, INC.)

Principal Place of Business

6008 NORTH OTIS AVENUE
TAMPA FL 33604

Mailing Address

P.O. BOX 24691
TAMPA FL 33623

973127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5916 N Ithmar

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33604

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAHN, KAREN
6008 NORTH OTIS AVENUE
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name HAHN, KAREN Y

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

5916 N Ithmar

City TAMPA

FL

Zip Code 33604

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/3/2002

After September 13, 2002,
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
NAME JENKINS, WILLIAM L
STREET ADDRESS 9805 THORNBRIDGE ROAD
CITY-ST-ZIP TAMPA FL 33612 ☒ Delete

TITLE D
NAME Gregory D. Gutchner Jr
STREET ADDRESS 7127 Hollowell Dr
CITY-ST-ZIP Tampa, FL 33634 ☐ Change ☒ Addition

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

TITLE T
NAME EALES, RAY
STREET ADDRESS 5916 N Ithmar
CITY-ST-ZIP Tampa, FL 33604 ☒ Change ☐ Addition

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

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

TITLE D
NAME STOBBER, MARK
STREET ADDRESS 14647 PINE GLENN CIRCLE
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

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

TITLE D
NAME EUSTICE, BEN
STREET ADDRESS 10413 TARA DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569 ☒ Delete

TITLE D
NAME PHILIP J O'REGAN
STREET ADDRESS 7506 N CAMERON AV.
CITY-ST-ZIP TAMPA, FL 33614 ☐ Change ☒ Addition

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

TITLE P
NAME HAHN, KAREN
STREET ADDRESS 5916 N Ithmar
CITY-ST-ZIP Tampa, FL 33604 ☒ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

8/3/2002 (813) 237-0248

CR2E037 (4/02)