

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91106 034 ****61.25

DOCUMENT # 733597

1. Entity Name
**NEW SUBURB BEAUTIFUL CIVIC ASSOCIATION,
INC.**



Principal Place of Business
**C/O JOHN B. NEUKAMM
100 S. ASHLEY DR. STE. 1500
TAMPA, FL 33602**

Mailing Address
**C/O JOHN B. NEUKAMM
100 S. ASHLEY DR. STE. 1500
TAMPA, FL 33602**

2. Principal Place of Business

c/o John B. Neukamm

3. Mailing Address

c/o John B. Neukamm



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

101 E. Kennedy Blvd, Suite 3140

Suite, Apt. #, etc.

101 E. Kennedy Blvd., Suite 3140

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

Zip

33602

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEUKAMM, JOHN B
100 S. ASHLEY DR.
STE. 1500
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **John B. Neukamm**

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

101 E. Kennedy Blvd.

Suite 3140

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. 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)

3/10/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **BAYLESS, JOHN**
STREET ADDRESS **2501 PROSPECT RD**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **VPD** ☒ Delete
NAME **SIEMORE, DAVID**
STREET ADDRESS **2703 JETTON AVENUE**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **SD** ☐ Delete
NAME **HEINBERG, KAREN**
STREET ADDRESS **2413 SUNSET BOULEVARD**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **PD** ☒ Delete
NAME **COKER, GLEN**
STREET ADDRESS **2624 JETTON AVENUE**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Meckley, Paula**
STREET ADDRESS **2715 Jetton Ave**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **VP, S** ☐ Change ☒ Addition
NAME **Shear, Stephen**
STREET ADDRESS **2619 Jetton Ave.**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **PD** ☒ Change ☐ Addition
NAME **Heinberg, Karen**
STREET ADDRESS **2413 Sunset Boulevard**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **SD** ☐ Change ☒ Addition
NAME **Stark, Lori**
STREET ADDRESS **2425 Sunset Drive**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE ☐ Change ☐ Addition
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 517, 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:

John W. Bayless

John Bayless, Treasurer

3/10/03 (813)254-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)