

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

0084733

DOCUMENT # 740879

1. Entity Name

THE SPRING OF TAMPA BAY, INC.



FILED

03 MAY -2 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

BEVERIDGE, CATHY  
501 E KENNEDY BLVD  
STE 1700  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name  
MARTIN, BERTRAM T JR  
Street Address (P.O. Box Number is Not Acceptable)  
2805 PARKLAND BLVD

100017870421

City 05/02/03--01032--009 \*\*70.00  
TAMPA FL 33609

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

4/22/03

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 PED  
NAME MARTIN, BERTRAM T JR  
STREET ADDRESS 2805 PARKLAND BLVD  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

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

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

TITLE DV  
NAME WATERS, BETH ESQ  
STREET ADDRESS 824 SOUTH ROME AVENUE  
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE S  
NAME WALLACE, ERIKA  
STREET ADDRESS 1801 BAYSHORE BLVD  
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PED  
NAME WATERS, BETH ESQ  
STREET ADDRESS 824 SOUTH ROME AVE  
CITY-ST-ZIP TAMPA, FL 33606 ☒ Change ☐ Addition

TITLE PD  
NAME MARTIN, BERTRAM T JR.  
STREET ADDRESS 2805 PARKLAND BLVD  
CITY-ST-ZIP TAMPA, FL 33609 ☒ Change ☐ Addition

TITLE T  
NAME SUBERLY, REBECCA LYNN CPA  
STREET ADDRESS 3205 WEST DELEON UNIT I  
CITY-ST-ZIP TAMPA, FL 33609 ☒ Change ☐ Addition

TITLE DV  
NAME WALLACE, ERIKA  
STREET ADDRESS 1801 BAYSHORE BLVD  
CITY-ST-ZIP TAMPA, FL 33606 ☒ Change ☐ Addition

TITLE S  
NAME WACKSMAN, EMX POPE  
STREET ADDRESS 1903 S. CARDENAS AVE  
CITY-ST-ZIP TAMPA, FL 33629 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

877-2572

CR2E037 (10/02)