

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702934

1. Entity Name

TAMPA SHOWMENS MEMORIAL FUND, INC.

Principal Place of Business

608 N. WILLOW AVENUE  
TAMPA FL 33606-1304

Mailing Address

608 N. WILLOW AVENUE  
TAMPA FL 33606-1304

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

59-6154981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, NANCY  
608 N WILLOW AVE  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

THOMAS, Lillian A.

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

608 N. Willow Ave.

City

Tampa

FL

Zip Code

33606

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

*Lillian A. Thomas (Lillian A. Thomas)*  
Secretary

4-8-02  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERSON, DON 5833 MARINER DRIVE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEMAN, NANCY 608 N WILLOW AVE TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, WILLIAM 7013 NUNDY AVENUE GIBSONTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECENIA, PAUL J 8601 N GOMEZ TAMPA FL 33635	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAUNEO, BILL 4208 N. HOLLY TAMPA FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. - D THOMAS, Lillian A. 608 N. Willow Ave. Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Cefaratti, Tony 7125 Hamilton Lane Wesley Chapel, FL 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - D Anderson, Cliff 10140 Vista Point Dr. Tampa, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - D Conedera, David 608 N. Willow Ave. Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

*Lillian A. Thomas (Lillian A. Thomas)* 4-8-02 (813) 253-5762

FILED  
Apr 21, 2002 8:00 am  
Secretary of State

04-21-2002 90851 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)