

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718717

1. Entity Name

THE TAMPA BAY BUGGY CLUB, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90034 022 ****61.25

Principal Place of Business

4656 - 76TH AVE. N.
PINELLAS PARK FL 33781
US

Mailing Address

4656 - 76TH AVE. N.
PINELLAS PARK FL 33781-3522
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PECK, KIM
6811 CIRCLE CREEK DR
PINELLAS PARK FL 33781

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME PD
STREET ADDRESS PECK, KIM
CITY-ST-ZIP 6811 CIRCLE CREEK DR
PINELLAS PARK FL 33781

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS SMITH, ROBERT
CITY-ST-ZIP 6811 CIRCLE CREEK DRIVE
PINELLAS PARK FL 33781

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

TITLE ☐ Delete
NAME V
STREET ADDRESS TRIPPANY, TOM
CITY-ST-ZIP 611 NORTHMOOR AVE. N.
ST. PETERSBURG FL 33702

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS FIEGEL, ERICKA
CITY-ST-ZIP 5534 N 76 AVE
PINELLAS PARK FL

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

TITLE ☒ Delete
NAME S
STREET ADDRESS NELSON, LAURIE
CITY-ST-ZIP 3132 106TH ST. N.
ST. PETERSBURG FL 33708

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS Cindi Amerine
CITY-ST-ZIP 2500-19th ST N
St. Petersburg, FL 33713

TITLE ☒ Delete
NAME SA
STREET ADDRESS GRESSLE, BOB
CITY-ST-ZIP 7501 142ND AVE N., #715
LARGO FL

TITLE ☒ Change ☐ Addition
NAME SA
STREET ADDRESS Danny Mc Camis Sr
CITY-ST-ZIP 6622 Madison Estates Ln
TAMPA, FL 33619

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 of Ericka Fiegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 Ericka Fiegel 727 5419806
Date Daytime Phone #

CR2E037 (9/99)