

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90134 001 ***61.25

DOCUMENT # 738301

1. Entity Name
TAMPA CROSSROADS, INC.



Principal Place of Business
**5120 N. NEBRASKA AVENUE
TAMPA FL 33603**

Mailing Address
**5120 N. NEBRASKA AVENUE
TAMPA FL 33603**

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 **59-1743719**

Applied For
Not Applicable

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

**GISSENDANNER, BUDDY
1726 E. 7TH AVENUE
TAMPA FL 33605**

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. 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

3-20-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete
NAME **BROWN, ELLEN**
STREET ADDRESS **3308 E SEVILLA CIR**
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE **D** ☐ Delete
NAME **CAREY, KEVIN**
STREET ADDRESS **P O BOX 3239 N/A**
CITY-ST-ZIP **TAMPA FL 33601**

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

TITLE **SD** ☐ Delete
NAME **PARRISH, DAVID C**
STREET ADDRESS **P-O BOX 3371-N/A**
CITY-ST-ZIP **TAMPA FL 33601**

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

TITLE **D** ☐ Delete
NAME **FERRARO, JOSEPH**
STREET ADDRESS **1511 N WESTSHORE BLVD, STE 600**
CITY-ST-ZIP **TAMPA FL 33607-4523**

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

TITLE **CD** ☐ Delete
NAME **MOORE, M. VERNON**
STREET ADDRESS **PO BOX 11825**
CITY-ST-ZIP **TAMPA FL 33680**

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

TITLE **CD** ☐ Delete
NAME **SECKEL HUNTER ESQ., SHERYL**
STREET ADDRESS **THE CARRIAGE HOUSE BIGLOW-HELMS MANSION**
CITY-ST-ZIP **TAMPA FL 33611**

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 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 REQUIRED

3-20-03 813-242-4040

CR2E037 (10/02)