

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766300

1. Entity Name

LOWRY PARK ZOOLOGICAL SOCIETY OF TAMPA, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90125 029 \*\*\*\*70.00

Principal Place of Business

Mailing Address

7530 NORTH BLVD.  
TAMPA FL 33604-4756

7530 NORTH BLVD.  
TAMPA FL 33604-4700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2328289

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

SALISBURY, C. ALEXANDER  
7530 NORTH BOULEVARD  
TAMPA FL 33604

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 TC ☒ Delete  
NAME CASWELL, HEATHER  
STREET ADDRESS 601 S BLVD  
CITY-ST-ZIP TAMPA FL 33606

☒ P ☒ Change ☒ Addition  
NAME Salisbury, C. Alexander  
STREET ADDRESS 7530 North Blvd.  
CITY-ST-ZIP Tampa, FL 33604

TITLE TV ☐ Delete  
NAME STOHLER, RICHARD L  
STREET ADDRESS 5421-59TH STREET N  
CITY-ST-ZIP TAMPA FL 33610

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

TITLE TS ☒ Delete  
NAME ANN O'CONNELL  
STREET ADDRESS 101 E. KENNEDY BLVD. STE 1500  
CITY-ST-ZIP TAMPA FL

TITLE D/T ☐ Change ☒ Addition  
NAME Hearsch, Andrea  
STREET ADDRESS 400 N. Ashley Drive-15th Floor  
CITY-ST-ZIP Tampa, FL 33602

TITLE TD ☒ Delete  
NAME OBECK, ERIC S  
STREET ADDRESS 2909 BAYSHORE CT  
CITY-ST-ZIP TAMPA FL 3361

TITLE D/S ☐ Change ☒ Addition  
NAME Castor, Kathy  
STREET ADDRESS 100 N. Tampa St., Suite 3500  
CITY-ST-ZIP Tampa, FL 33602

TITLE DV ☐ Delete  
NAME MERRITT, BOB  
STREET ADDRESS 550 N. REO STREET, SUITE 204  
CITY-ST-ZIP TAMPA FL 33609

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

TITLE DS ☐ Delete  
NAME BALDWIN, LOWRY  
STREET ADDRESS 4600 W CYPRESS STREET, SUITE 200  
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☒ 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00(813)935-8552

Date

Daytime Phone #

CR2E037 (9/99)