

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766300

1. Entity Name

LOWRY PARK ZOOLOGICAL SOCIETY OF TAMPA, INC.

Principal Place of Business

7530 NORTH BLVD.
TAMPA FL 33604-4756

Mailing Address

7530 NORTH BLVD.
TAMPA FL 33604-4756

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

59-2328289

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

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 P
NAME SALISBURY, C. ALEXANDER
STREET ADDRESS 7530 NORTH BLVD
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

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

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

TITLE D
NAME Caswell, Heather
STREET ADDRESS 3435 Bayshore Blvd., #1500
CITY-ST-ZIP Tampa, FL 33629 ☐ Change ☒ Addition

TITLE DT
NAME HEARSCH, ANDREA
STREET ADDRESS 400 N. ASHLEY DR- 15TH FLR
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE DS
NAME CASTOR, KATHY
STREET ADDRESS 100 N. TAMPA ST-STE 3500
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

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

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

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

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 an other like empowered.

SIGNATURE:

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90047 030 ****61.25



DO NOT WRITE IN THIS SPACE

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4/27/01 (8B) 930-8552