

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90105 034 ****61.25

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

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

TITLE ☐ Delete
NAME **D**
CASWELL, HEATHER
STREET ADDRESS **3435 BAYSHORE BLVD #1500**
CITY-ST-ZIP **TAMPA FL 33629**

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

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

TITLE ☐ Change ☒ Addition
NAME **D**
Blanchard, Bill
STREET ADDRESS **1414 Swann Ave., Suite 201**
CITY-ST-ZIP **Tampa, FL 33606**

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **D**
Krystyn, Elizabeth
STREET ADDRESS **4600 W Cypress St., Suite 200**
CITY-ST-ZIP **Tampa, FL 33607**

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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

SALISBURY, C. ALEXANDER 2/14/02 (83) Ext 202 935-8552