

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90018 014 ****61.25

0055650

DOCUMENT # 768464

1. Corporation Name

TAMPA BAY ARMS COLLECTORS ASSOCIATION, INC.

Principal Place of Business

**8440 ULMERTON ROAD
SUITE 502
LARGO FL 33771**

Mailing Address

**8440 ULMERTON ROAD
SUITE 502
LARGO FL 33771**



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/16/1983

4. FEI Number

59-2363666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**KUBES, MARL T
8440 ULMERTON ROAD
SUITE 502
LARGO FL 33771**

10. Name and Address of New Registered Agent

81 Name

KUBES, MARK T

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Mark T Kubes
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6-9-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
HOLMES, NORMAN
STREET ADDRESS **7003 FORREST VIEW CT.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **VD**
LYMAN, JOE
STREET ADDRESS **14449 OAKGLEN DR., N.**
CITY-ST-ZIP **LARGO FL 33710**

TITLE ☐ DELETE

NAME **D**
BOUNDS, HORACE A
STREET ADDRESS **1219 RUSSELL DR., N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **P**
LAUSTER, DONALD A
STREET ADDRESS **1260 WELLINGTON DR**
CITY-ST-ZIP **CLEARWATER FL 33546**

TITLE ☐ DELETE

NAME **D**
LAUSTER, MARY L
STREET ADDRESS **1260 WELLINGTON DR**
CITY-ST-ZIP **CLEARWATER FL 33546**

TITLE ☐ DELETE

NAME **D**
DOBBS, ROBERT
STREET ADDRESS **1369 REGINA DR. WEST**
CITY-ST-ZIP **LARGO FL 33770**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark T Kubes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-99

Date

727-415-8656

Daytime Phone #

CR2E037 (11/98)