

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001967

1. Entity Name

TAMPA BAY ACADEMY, LTD.

Principal Place of Business

Mailing Address

FILED

01 FEB 16 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

210 Knickerbocker Road

Suite, Apt. #, etc.

c/o Norman Weinstein

City & State

Cresskill, NJ

3. Mailing Address

210 Knickerbocker Road

Suite, Apt. #, etc.

c/o Norman Weinstein

City & State

Cresskill, NJ

DO NOT WRITE IN THIS SPACE

Zip
07626

Country
USA

Zip
07626

Country
USA

4. FEI-Number

65-1062712

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

Name

Norman S. Weinstein

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

320 SE Mizner Blvd

Suite 1102

City

Boca Raton

FL

Zip Code

33432

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

9. Capital Contributions
as Shown on record.

\$25,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$25,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000115681
NAME TB Academy, Inc.
STREET ADDRESS 210 Knickerbocker Road
CITY-ST-ZIP Cresskill, NJ 07626

STREET ADDRESS

CITY-ST-ZIP

300003802223--9
-03/06/01--01062-019

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

****263.75 ****263.75

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STREET ADDRESS

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

TB Academy, Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/01

Date

201-568-6875

Daytime Phone #

CR2E003 (1/00)