

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H80010**

1. Entity Name

**BAY AREA CONCESSIONS, INC.**

Principal Place of Business

**TAMPA INTERNATIONAL AIRPORT  
P. O. BOX 21603  
TAMPA FL 33622**

Mailing Address

**TAMPA INTERNATIONAL AIRPORT  
P. O. BOX 21603  
TAMPA FL 33622**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-2594702**

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

**HARGRETT, JAMES T., JR.  
2107 E. OSBORNE AVE.  
TAMPA FL 33610**Name **JAMES T. Hargrett Jr.**

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

**2002 E. Emma St.**City **TAMPA****FL**Zip Code **33610**

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

**1-22-01**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PDS</b>			
	<b>HARGRETT JR., JAMES T.</b>	<b>2107 E OSBORNE AVE</b>	<b>TAMPA FL</b>	
	<b>D</b>			
	<b>FERLITA, ROSE</b>	<b>4810 N. NEBRASKA AVE.</b>	<b>TAMPA FL</b>	
	<b>D</b>			
	<b>KINSEY, RANDOLPH</b>	<b>3744 N. 40TH STREET</b>	<b>TAMPA FL</b>	
	<b>D</b>			
	<b>BOWER, WALLACE Z</b>	<b>8306 FIR DR</b>	<b>TAMPA FL</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James T. Hargrett Jr.**

Date

**1-22-01**

Daytime Phone #

**813-396-3908**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)