

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000309

1. Entity Name

TAMPA PLAID, L.C.

FILED

00 JAN 28 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1010 NORTH W.C. MACINNES PLACE  
TAMPA FL 33602

Mailing Address  
1010 NORTH W.C. MACINNES PLACE  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3208578

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LISI, JUDITH  
1010 NORTH W.C. MACINNES PLACE  
TAMPA FL 33602

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 \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME CULBREATH, H L  
STREET ADDRESS 52 BAHAMA CIRCLE  
CITY-ST-ZIP TAMPA FL 33606

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

TITLE MGR ☐ Delete  
NAME ROSS, ANN M  
STREET ADDRESS 4202 E FOWLER AVE, ADM 280  
CITY-ST-ZIP TAMPA FL 33620-6450

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

TITLE MGR ☐ Delete  
NAME SHIMBERG, MANDELL  
STREET ADDRESS 100 ASHLEY DRIVE, 820  
CITY-ST-ZIP TAMPA FL 33602

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

TITLE MGR ☐ Delete  
NAME WILLIAMS, JERRY L  
STREET ADDRESS 201 N FRANKLIN STREET, SUITE 200  
CITY-ST-ZIP TAMPA FL 33602

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

TITLE MGR ☐ Delete  
NAME YOUNG, GEORGIANA  
STREET ADDRESS 100 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33139

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/24/00