

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M86155

1. Entity Name

TAMPA BAY INTERNATIONAL SPORTS SCHOOL, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90018 019 ***150.00

Principal Place of Business

Mailing Address

4113 GREAT GOLFERS PLACE
VALRICO FL 33594
US

4113 GREAT GOLFERS PLACE
VALRICO FL 33509-1050
US

2. Principal Place of Business

3. Mailing Address

1463 Oakfield Drive
Suite, Apt. #, etc.
Suite 126

3815 Scovil Lane
Suite, Apt. #, etc.

City & State

City & State

Brandon, FL

Valrico, FL

Zip

Country

Zip

Country

33511

Hillsborough

33594

Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIERLEY, JOHN C
100 N. TAMPA STREET
SUITE 2120
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

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	TAGASIRA, EJI	
STREET ADDRESS	3815 SCOUIL LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

E. TAGASIRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

(813) 661-5929

CR2E034 (9/99)