

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90146 005 ****70.00

DOCUMENT # NO1000002307

1. Entity Name

FYD TOWN & COUNTRY MUSTANG ASSOCIATION, INC.



Principal Place of Business

**4011 HUDSON TERRACE
TAMPA FL 33624**

Mailing Address

**4011 HUDSON TERRACE
TAMPA FL 33624**

2. Principal Place of Business

3. Mailing Address

**7923 LANDMARK CIRCLE
Suite, Apt. #, etc.
Apt B**

**7923 LANDMARK CIRCLE
Suite, Apt. #, etc.
Apt B**

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33615

Country

USA

Zip

33615

Country

USA

4. FEI Number **59-3628665**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSSI, MICHAEL A
4011 HUDSON TERRACE
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **DIANA BARNES NOA**
Street Address (P.O. Box Number is Not Acceptable)
9608 REDWOOD BLVD
City **TAMPA** FL Zip Code **33635**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Dessie B. No**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5/2/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSI, MIKE 4011 HUDSON TERRACE TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROVES, FRED 10105 TALLWOOD CT TAMPA FL 33615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITO, LINDA 5104 PEACHGREEN CT TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, CARLA 6204 N. CENTRAL AVE TAMPA FL 33604	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEYSO, MELISSA 12510 HOLYOKE AVE TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYA, BAKER 13905 CHERRY CREEK DR TAMPA FL 33618	<input checked="" type="checkbox"/> Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YVETTE LEE 7923 LANDMARK CIRCLE Apt B TAMPA FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA McMULLEN 3108 OLD SPRING PLACE TAMPA FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIANA BARNES NOA 9608 REDWOOD BLVD TAMPA FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRIC GASBODA 7906 LAND MARK COURT TAMPA FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony Hill 7942 LANDMARK CIRCLE Apt A TAMPA FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE HAMMOND 3520 W. ROGERS AVE TAMPA FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-841-7326

Date Daytime Phone #

CR2E037 (10/02)