

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90135 009 ****61.25

DOCUMENT # N01000003787

1. Entity Name

TBSA PARKSIDE SKATING CLUB, INC.



Principal Place of Business

~~4712 33RD AVENUE NORTH~~
~~ST. PETERSBURG FL 33710~~

Mailing Address

~~P.O. BOX 1045~~
~~PINELLAS PARK FL 33708-1045~~

2. Principal Place of Business

2223 Blue Tern Dr.
Suite, Apt. #, etc.

3. Mailing Address

2223 Blue Tern Dr.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Harbor, Fla.
Zip
34683
Country
US

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4. FEI Number **59-3718946**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~REDDEN, LINDA~~
~~4712 33 AVENUE NORTH~~
~~ST. PETERSBURG FL 33710~~

7. Name and Address of New Registered Agent

Name PAT CARHART
Street Address (P.O. Box Number is Not Acceptable)
2223 Blue Tern Drive
City PALM HARBOR FL Zip Code 34683

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

Pat Carhart, President 1/25/03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

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	PD	<input type="checkbox"/> Delete
NAME	REDDEN, LINDA	
STREET ADDRESS	4712-33 AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KISELICA, JENNIFER	
STREET ADDRESS	1217 32ND STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POUST, CYNTHIA	
STREET ADDRESS	5300 38 AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENTON, BONNIE	
STREET ADDRESS	789 PLACIDO WAY N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	CARHART, PAT	
STREET ADDRESS	2223 BLUE TERN DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	BARRETT, SALLY	
STREET ADDRESS	1678 FORTUNE DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33756	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT CARHART	
STREET ADDRESS	2223 BLUE TERN DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL. 34683	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISELICA, Jennifer	
STREET ADDRESS	1217-32nd St. No.	
CITY-ST-ZIP	ST. Pete, Fla. 33713	
TITLE	NP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS ATHANASO	
STREET ADDRESS	1236-46th Street North	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTY PRUDE	
STREET ADDRESS	7870-55th Way	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	BMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLY BARRETT	
STREET ADDRESS	1678 Fortune Drive	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	BMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renee Crook Shanks	
STREET ADDRESS	9907-121st Street No.	
CITY-ST-ZIP	Seminole, FL 33772	

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:

NICHOLAS A. ATHANASO 1/25/03 (927) 347-0537

CR2E037 (10/02)