

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

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**  
09-08-2003 90311 048 \*\*\*\*61.25

0011984

**DOCUMENT # N02000004574**

1. Entity Name

**TAMPA BAY KOI AND WATER GARDEN CLUB, INC.**



Principal Place of Business

**18816 CHAVILLE RD  
LUTZ FL 33558-2855**

Mailing Address

**18816 CHAVILLE RD  
LUTZ FL 33558-2855**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**27-0012469**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCAGLIONE, TOM  
18816 CHAVILLE RD  
LUTZ FL 33558-2855**

7. Name and Address of New Registered Agent

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

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 \$61.25**

**After September 10, 2003, min will be \$236.25**

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	DP SIEGEL, RICK	<input type="checkbox"/> Delete
STREET ADDRESS	2725 45 WAY	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE NAME	DV VANDEBBIGAERT, LUDO	<input type="checkbox"/> Delete
STREET ADDRESS	6502 STAFFORD TERR AVE	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE NAME	DS NICHOLS, RUTH	<input type="checkbox"/> Delete
STREET ADDRESS	504 FRIERSON AVE EAST	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE NAME	DT SCAGLIONE, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	18816 CHAVILLE RD	
CITY-ST-ZIP	LUTZ FL 33558-2855	
TITLE NAME	D BROWN, LEN	<input type="checkbox"/> Delete
STREET ADDRESS	2701 SPRING MEADOW DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

9/5/2003

813-310-8200

Date

Daytime Phone #

CR2E037 (4/03)