

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000006132

1. Entity Name  
TAMPA BAY WHEELCHAIR SPORTS, INC.



FILED

05 FEB 11 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10202 MERRIMAC MANOR DR  
RIVERVIEW, FL 33569

Mailing Address  
10202 MERRIMAC MANOR DR  
RIVERVIEW, FL 33569

*JP*



REINSTATEMENT 02-05

2. Principal Place of Business

2 Columbia Drive  
Suite, Apt. #, etc.  
Room R212A

3. Mailing Address

2 Columbia Drive  
Suite, Apt. #, etc.  
PO Box 1289, Room R212A

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip

33606

Country

Hillsborough

Zip

33601

Country

Hillsborough

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARK, JUSTIN  
11095 AUBURNDAL STREET  
SPRING HILL, FL 34609

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 \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME STARK, JUSTIN  
STREET ADDRESS 11095 AUBURNDAL STREET  
CITY-ST-ZIP SPRING HILL, FL 34609 ☐ Delete

TITLE D  
NAME STERNER, BRIAN  
STREET ADDRESS 10202 MERRIMAC MANOR DR  
CITY-ST-ZIP RIVERVIEW, FL 33569 ☐ Delete

TITLE D  
NAME GOULD, DAVID  
STREET ADDRESS 5535 EL CERRO DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200047786252  
03/07/05--01005--004 \*\*\*122.50

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/05

813-844-4288