

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20560

1. Entity Name

TAMPA SHORES/IMPERIAL KEY CIVIC ASSOCIATION, INC

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90106 029 ****61.25

Principal Place of Business

Mailing Address

10717 DALTON AVE
C/O PAUL E MILLARD
TAMPA FL 33615
US

10717 DALTON AVE
C/O PAUL E MILLARD
TAMPA FL 33615-3502
US

2. Principal Place of Business

3. Mailing Address

5804 TAMPA SHORES

Suite, Apt. #, etc.

City & State
TAMPA FL

Zip
33615

Country
USA

10731 DRUMMOND

Suite, Apt. #, etc.

City & State
TAMPA FL

Zip
33615

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDRUM, JOAN
5727 IMPERIAL KEY BLVD
TAMPA FL 33615

Name

KEVIN HENIKA

Street Address (P.O. Box Number is Not Acceptable)

10731 DRUMMOND RD

City

TAMPA

FL

Zip Code

33615

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

4.27.2000

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	X DIRECTOR	X Delete
NAME	MILLARD, PAUL E	
STREET ADDRESS	10717 DALTON AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEDIGO, BILLIE	
STREET ADDRESS	10722 DRUMMOND AVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	X Delete
NAME	MILLARD, ROBERTA	
STREET ADDRESS	10717 DALTON AVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	POROWSKI, AGNES	
STREET ADDRESS	6009 TAMPA SHORES BLVD	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	X Director	<input type="checkbox"/> Delete
NAME	GRAHAM, KAREN	
STREET ADDRESS	5730 IMPERIAL KEY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WARE, BRAD	
STREET ADDRESS	5741 IMPERIAL KEY	
CITY-ST-ZIP	TAMPA FL	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB HICKS	
STREET ADDRESS	5804 TAMPA SHORES BLVD	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TINA STRINGFELLOW	
STREET ADDRESS	TAMPA FL 33615	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN HENIKA	
STREET ADDRESS	10731 DRUMMOND	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	Director COMM. JUDGE MEMB. CHAIRPERSON	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5820 IMPERIAL KEY	
STREET ADDRESS	TAMPA FL 33615	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	Director - ENT. Comm. Chairperson	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEGHAN LE BLANC	
STREET ADDRESS	10701 DOWRY	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA GORE	
STREET ADDRESS	TAMPA SHORES	
CITY-ST-ZIP	TAMPA FL 33615	

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

4.27.2000 813.891.0757

Date

Daytime Phone #

CR2E037 (9/99)