

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90002 034 ****61.25

DOCUMENT # N20560

1. Entity Name

TAMPA SHORES/IMPERIAL KEY CIVIC ASSOCIATION, INC

Principal Place of Business

Mailing Address

5804 TAMPA SHORES
 TAMPA FL 33615
 US

10731 DRUMMOND
 C/O PAUL E MILLARD
 TAMPA FL 33615
 US

2. Principal Place of Business

10731 Drummond

Suite, Apt. #, etc.

3. Mailing Address

10731 Drummond

Suite, Apt. #, etc.

City & State

City & State

Tampa Florida

Tampa Florida

Zip

Country

Zip

Country

33615

HILLSBOROUGH

33615

HILLSBOROUGH

6. Name and Address of Current Registered Agent

**HENIKS, KEVIN
 10731 DRUMMOND ROAD
 TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name

KEVIN HENIKA

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

10731 Drummond

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

Kevin Henika **KEVIN HENIKA TREASURER**

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
 Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT HICKS 5804 TAMPA SHORES BLVD. TAMPA FL, 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KEVIN HENIKA 10731 DRUMMOND TAMPA FL, 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TINA STRONG 10723 DALTON AVE. TAMPA FL, 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

Kevin Henika **REQUIRED**

4.25.01 813.274.5678

CR2E037 (10/00)