

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91240 003 ****61.25

DOCUMENT # N20560

1. Entity Name

TAMPA SHORES/IMPERIAL KEY CIVIC ASSOCIATION, INC

Principal Place of Business

**10731 DRUMMOND
TAMPA FL 33615
US**

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10731 DRUMMOND

Suite, Apt. #, etc.

3. Mailing Address

10731 DRUMMOND

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33615

Country

HILLSBOROUGH

Zip

33615

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENIKA, KEVIN
10731 DRUMMOND
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**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.26.02

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	P	<input type="checkbox"/> Delete
NAME	HICKS, ROBERT	
STREET ADDRESS	5804 TAMPA SHORES BLVD	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEDIGO, BILLIE	
STREET ADDRESS	10722 DRUMMOND AVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	HENIKA, KEVIN	<input type="checkbox"/> Delete
NAME	10731 DRUMMOND	
STREET ADDRESS	TAMPA FL 33615	
CITY-ST-ZIP		
TITLE	B	<input checked="" type="checkbox"/> Delete
NAME	POROWSKI, AGNES	
STREET ADDRESS	6009 TAMPA SHORES BLVD	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRINGFELLOW, TINA	
STREET ADDRESS	10723 DANTON AVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WARE, BRAD	
STREET ADDRESS	5741 IMPERIAL KEY	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY MCCLURE	
STREET ADDRESS	10741 DRUMMOND	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4.26.02 813.274.5678

CR2E037 (9/01)