

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21439

1. Entity Name

TAMPA BAY AREA CAMELLIA SOCIETY, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90028 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

321 N. TAYLOR RD  
SEFFNER FL 33584  
US

321 N. TAYLOR RD  
SEFFNER FL 33584-3553  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2829505

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DUBOSE, PAUL P  
321 N. TAYLOR RD  
SEFFNER FL 33584

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.

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**

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 P ☐ Delete  
NAME CORYELL, RICHARD  
STREET ADDRESS 110 HIBRITEN WAY  
CITY-ST-ZIP LAKELAND FL 33803-2222

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

TITLE VP ☐ Delete  
NAME MCCORMICK, BARBARA  
STREET ADDRESS 7360 BOSS AVE  
CITY-ST-ZIP DUNELLON FL 34433

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

TITLE TD ☐ Delete  
NAME DUBOSE, PAUL P  
STREET ADDRESS 321 N. TAYLOR RD  
CITY-ST-ZIP SEFFNER FL 33584

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

TITLE D ☐ Delete  
NAME YOUNG, JAMES  
STREET ADDRESS 2826 KEYSVILLE RD  
CITY-ST-ZIP LITHIA FL 33547

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

TITLE SD ☐ Delete  
NAME LOCHRIDGE, JOAN  
STREET ADDRESS 4611 SYLVAN RAMBLE  
CITY-ST-ZIP TAMPA FL 33609

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

TITLE D ☐ Delete  
NAME DAVIS, ROY  
STREET ADDRESS 3224 MCINTOSH RD  
CITY-ST-ZIP DOVER FL 33527

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:

*Paul P. Dubose*

1/18/2000

813-685-2035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #