

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90100 029 ****61.25

DOCUMENT # N21439

1. Entity Name

TAMPA BAY AREA CAMELLIA SOCIETY, INC.



Principal Place of Business

321 N. TAYLOR RD
SEFFNER FL 33584

US

Mailing Address

321 N. TAYLOR RD
SEFFNER FL 33584
US

2. Principal Place of Business

3. Mailing Address

4621 23RD ST NO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST PETERSBURG, FL

Zip

Country

Zip

Country

33714

PINELLAS

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CONNOR, JERRY	
STREET ADDRESS	621 23RD ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HART, EILEEN	
STREET ADDRESS	16928 CROWLEY RD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DUBOSE, PAUL P	
STREET ADDRESS	321 N. TAYLOR RD	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, DIANE	
STREET ADDRESS	812 WALNUT DR	
CITY-ST-ZIP	SEFFNER FL 33684	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUIRAH, JOHN JR	
STREET ADDRESS	8220 WALT WILLIAMS RD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPOONER, NANCY	
STREET ADDRESS	2908 S MILLER RD	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, JEREMIAH F	
STREET ADDRESS	4621 23RD ST NO	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCER, JACK	
STREET ADDRESS	5404 MARIYA COVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, BEVERLY	
STREET ADDRESS	37126 FRAZEE HILL RD	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRAH JR, JOHN	
STREET ADDRESS	8220 WALT WILLIAMS RD	
CITY-ST-ZIP	LAKELAND FL 33809	
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 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:

Jeremiah F Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/03 (727) 528-8868
Date Daytime Phone #

CR2E037 (10/02)