

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

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90033 042 \*\*\*\*70.00

**DOCUMENT # N21772**

1. Entity Name

**TAMPA & YBOR CITY STREET RAILWAY SOCIETY, INC.**



Principal Place of Business

% RICHARD C. SWIRBUL  
P.O. BOX 972  
TAMPA FL 33601  
US

Mailing Address

% RICHARD C. SWIRBUL  
P.O. BOX 972  
TAMPA FL 33601  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 400

Suite, Apt. #, etc.

P.O. Box 400

City & State

Tampa, FL

City & State

Tampa, FL

Zip

Country

33601-0400 U.S.

Zip

Country

33601-0400 U.S.

6. Name and Address of Current Registered Agent

SWIRBUL, RICHARD C  
134 SOUTH TAMPA STREET  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: Michael M. English  
Street Address (P.O. Box Number is Not Acceptable): 1101 Channelside Drive  
Suite 400 N.  
City: Tampa FL Zip Code: 33602

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JAN	
STREET ADDRESS	3627 BERGER RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGEE, STEVE	
STREET ADDRESS	5205 ADAMO DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUNHAM, ELIZABETH	
STREET ADDRESS	225 S FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SWIRBUL, RICHARD C	
STREET ADDRESS	134 S. TAMPA ST.	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENNEWAIN, JOAN	
STREET ADDRESS	4710 CLEAR	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	P	<input type="checkbox"/> Delete
NAME	ENGLISH, MICHAEL	
STREET ADDRESS	P.O. BOX 3012	
CITY-ST-ZIP	TAMPA FL 33601-3012	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ben Fisher	
STREET ADDRESS	18631 Garaci Road	
CITY-ST-ZIP	Lutz, FL 33549	
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 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: *Elizabeth L. Dunham* ELIZABETH L. DUNHAM 02.26.03 813/228-0097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_

CR2E037 (10/02)