

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22515

i. Entity Name

TAMPA BAY AMERICAN PIT BULL TERRIER CLUB, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90196 012 ****61.25

Principal Place of Business		Mailing Address	
STRONG, MARION 5106 SW 45TH BLVD FL 33513		P O BOX 2294 5106 SW 45TH BLVD BUSHNELL FL 33513-8081 US	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3015096	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRONG, MARION
P O BOX 699
5106 SW 45TH BLVD
BUSHNELL FL 33513

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	D VALDEZ, NICK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3021 W CREST AVE	NAME	
CITY-ST-ZIP	TAMPA FL	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	VT VALDEZ, ART <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4509 W FERN ST.	NAME	
CITY-ST-ZIP	TAMPA FL	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	T SALGADO, MIKE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6734 SWAIN AVENUE	NAME	
CITY-ST-ZIP	TAMPA FL 33625	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	TS SALGADO, ROSIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6734 SWAIN AVE	NAME	
CITY-ST-ZIP	TAMPA FL	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	D RADO, KEVIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	704 CHILDERS LOOP	NAME	
CITY-ST-ZIP	BRANDON FL	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	PD STRONG, MARION <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5106 SW 45TH BLVD.	NAME	
CITY-ST-ZIP	BUSHNELL FL 33513	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: *Michael S. Leach* REGISTERED AGENT

1-5-00

810 980-7418

CR2E037 (9/99)