

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29827

1. Entity Name

TAMPA BAY CHAPTER-NATIONAL SPA & POOL INSTITUTE

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90015 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 15062  
 TAMPA FL 33684-5026

PO BOX 15062  
 TAMPA FL 33684-5062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6933797

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, ELEANOR  
 2347 FERN PLACE  
 TAMPA FL 33604

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN TILBURG, GARY	NAME	
STREET ADDRESS	1378 CORNER OAKS DR.	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, JAMES	NAME	
STREET ADDRESS	3450 PALENCIA, 711	STREET ADDRESS	16537 Lake Brigadoon Circle
CITY-ST-ZIP	TAMPA FL 33618	CITY-ST-ZIP	Tampa, FL 33618
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA CAHN	NAME	VPD Barbara Langford
STREET ADDRESS	14604 ANCHORET RD.	STREET ADDRESS	8609 Miles Rd
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Odeessa, FL 33556
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZVIRBLIS, ANN	NAME	
STREET ADDRESS	305 DUQUE ROAD	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEIGLER, JOYCE	NAME	
STREET ADDRESS	7252 ALAFIA RIDGE LOOP	STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PD Annie Margulis
STREET ADDRESS		STREET ADDRESS	2347 Bennett Rd
CITY-ST-ZIP		CITY-ST-ZIP	Plant City, FL 33565

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: *Annie Margulis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

813-478-1011

Daytime Phone #

CR2E037 (9/99)