

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90039 015 \*\*\*\*61.25

**DOCUMENT # N30209**

1. Entity Name

**DAVIS ISLANDS INDEPENDENT MARINE RAILWAY ASSOCIA**

Principal Place of Business

Mailing Address

C/O J R SMITH  
 51 MARTINIQUE AVE  
 TAMPA FL 33606  
 US

C/O J R SMITH  
 51 MARTINIQUE AVE  
 TAMPA FL 33606  
 US

000035



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2945422**

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

**SMITH, JAMES R**  
**51 MARTINIQUE AVE**  
**TAMPA FL 33606**

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 ☐ Delete  
 NAME PD  
 STREET ADDRESS SMITH, JAMES R  
 CITY-ST-ZIP 51 MARTINIQUE AVE  
 TAMPA FL 33606

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

TITLE ☒ Delete  
 NAME SD  
 STREET ADDRESS ROLLESTON, LAWRENCE  
 CITY-ST-ZIP 9501 NINTH STREET  
 TAMPA FL

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

TITLE ☐ Delete  
 NAME TD  
 STREET ADDRESS CINTRON, SUSAN  
 CITY-ST-ZIP 1315 SEVERN AVE  
 TAMPA FL 33606

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

TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS BIP, HERMAN  
 CITY-ST-ZIP 6307 SELBOVRUE AVE  
 TAMPA FL 33611

TITLE ☒ Change ☐ Addition  
 NAME **VD**  
 STREET ADDRESS **BIPS, HERMAN**  
 CITY-ST-ZIP **6307, SELBOURNE AVE.**  
**TAMPA FL 33611**

TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS VAN HORN, BOB  
 CITY-ST-ZIP 806 DAPHNE DR  
 BRANDON FL 33510

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

TITLE ☐ Delete  
 NAME SD  
 STREET ADDRESS ANDERSON, DAVID  
 CITY-ST-ZIP 3605 S. MAC DILL AVE.  
 TAMPA, FL 33629

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-23-01**

Date

**(813) 258 1943**  
 Daytime Phone #

CR2E037 (10/00)