

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90006 038 ****61.25

DOCUMENT # N36621

1. Entity Name

OLD-TIMERS OF TARPON SPRINGS, INC.

Principal Place of Business

Mailing Address

135 WHITCOMB BLVD
 TARPON SPRINGS FL 34689
 US

35 KRAEMER AVE
 TARPON SPRINGS FL 34689-2420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3028471

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

ASSIMACK, KATHLEEN
702 BAYSHORE DR.
TARPON SPRINGS FL 34689

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 LECOURIS, BLAINE P**
 STREET ADDRESS **1704 GULF RD**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE Change Addition
 NAME **PD William Elden**
 STREET ADDRESS **1025 Eniswood Pkwy**
 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE Delete
 NAME **D BURRUSS, MARY**
 STREET ADDRESS **135 WHITCOMB BLVD**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD BEROLZHEIMER, HENRY**
 STREET ADDRESS **35 KRAEMER AVE.**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D NORMAN, ED**
 STREET ADDRESS **118 PARKSIDE COLONY DR**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D VINSON, BARBARA**
 STREET ADDRESS **1275 MICKLER LN**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T ASSIMACK, KATHLEEN**
 STREET ADDRESS **702 BAYSHORE DR.**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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: *William Elden* **REQUIRED**

Pres.

7-20-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #