

2001 UNIFORM BUSINESS REPORT (UBR)

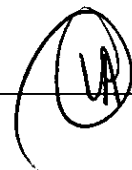
FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90270 001 ****61.25

DOCUMENT # N36621

1. Entity Name

OLD-TIMERS OF TARPON SPRINGS, INC.



A0083950



DO NOT WRITE IN THIS SPACE

Principal Place of Business 135 WHITCOMB BLVD TARPON SPRINGS FL 34689 US	Mailing Address 35 KRAEMER AVE TARPON SPRINGS FL 34689
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address 901 Bayshore Dr. Tarpon Springs Fl.
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Zip 34689	Country Pinellas
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4. FEI Number 59-3028471	Applied For <input type="checkbox"/> Not Applicable
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELDEN, WILLIAM 1075 ENISWOOD PKWY PALM HARBOR FL 34683 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURRUSS, MARY 135 WHITCOMB BLVD TARPON SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEROLZHEIMER, HENRY 35 KRAEMER AVE. TARPON SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, ED 118 PARKSIDE COLONY DR TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINSON, BARBARA 1275 MICKLER LN TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASSIMACK, KATHLEEN 702 BAYSHORE DR. TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anita Protos, Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 901 Bayshore Dr. Tarpon Springs, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: KATHLEEN ASSIMACK

8-30-01 727-937-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)