

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44637

1. Entity Name

LIMOUSINE ASSOCIATION OF TAMPA BAY, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90267 048 ****61.25

Principal Place of Business

1408 N. WEST SHORE BLVD., STE 906
TAMPA FL 33607
US

Mailing Address

P.O. BOX 26122
TAMPA FL 33623-6122
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3083827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WAUGH, BRIAN J
407 S. ORION AVE
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name Kenneth C. Lange

Street Address (P.O. Box Number is Not Acceptable)
5105 W. CYPRESS ST

City TAMPA, FL FL Zip Code 33607

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 Kenneth C. Lange

(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
After September 13, 2000 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 ☐ Delete
NAME VPD
STREET ADDRESS WAUGH, BRIAN J
CITY-ST-ZIP 407 S. ORION AVE
CLEARWATER FL 33765

TITLE ☒ Delete
NAME PD
STREET ADDRESS PARKER, JOHN
CITY-ST-ZIP 1408 N. WESTSHORE BLVD., STE 906
TAMPA FL 33607

TITLE ☒ Delete
NAME D
STREET ADDRESS PAPPALARDO, DENNIS
CITY-ST-ZIP 2246 CORK OAK ST
SARASOTA FL

TITLE ☐ Delete
NAME D
STREET ADDRESS LANGE, KEN
CITY-ST-ZIP 5105 WEST CYPRESS
TAMPA FL 33609

TITLE ☐ Delete
NAME SD
STREET ADDRESS LANGE, DARLENE
CITY-ST-ZIP 5105 WEST CYPRESS
TAMPA FL 33609

TITLE ☒ Delete
NAME D
STREET ADDRESS WARCH, LONNIE
CITY-ST-ZIP 1950 11TH STREET S.W.
LARGO FL 33778

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS KEN LANGE
CITY-ST-ZIP SAME 33607

TITLE ☒ Change ☐ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP 33607

TITLE ☐ Change ☒ Addition
NAME JULIE HERRING
STREET ADDRESS 17119 US HWY 19
CITY-ST-ZIP CLW, FL 33764

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #