2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91557 041 ****61.25

DOCUMENT # N48110

1. Entity Name

TAMPA FRIENDS OF OLD TIME DANCE, INC.

Principal Place of Business	Mailing Address
P O BOX 21511 ST. PETERSBURG FL 33742	P O BOX 21511 ST. PETERSBURG FL 33742

DO NOT WRITE IN THIS SPACE

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 59-3115966 ☐ Applied For ☐ Not Applicable

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
PRINCE, STANLEY 330 BAYVIEW DR N.E. ST. PETERSBURG FL 33704	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRINCE, STANLEY 330 BAYVIEW DR N.E. ST PETERSBURG FL 33704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STANCZYK, SUE 3720 46TH ST. N. SAINT PETERSBURG FL 33714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOSEPH NORTON 3720 46th ST N ST. PETERSBURG, FL 33714 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TOEPKE, BARB 5016 N. BRANCH AVE. TAMPA FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GILL, SHERRIE 4010 N OLA AVE TAMPA FL 33603 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TD, 1583 PENNWOOD CIR. CLEARWATER FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDREA AHRENS 1583 PENNWOOD CIR CLEARWATER, FL 33756 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 5/7/01 727-823-2725