

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000325

1. Entity Name

TAXPAYERS ASSOCIATION, INCORPORATED

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90065 021 \*\*\*\*61.25

Principal Place of Business

300 S. DUNCAN AVENUE, STE 299  
CLEARWATER FL 33755  
US

Mailing Address

1605 S. MISSOURI AVENUE  
SUITE 1  
CLEARWATER FL 33756-1220  
US

2. Principal Place of Business

~~Taxpayers Association, Inc.~~  
~~300 S. Duncan Ave., #299~~  
~~Clearwater, FL 33755~~

3. Mailing Address

~~Taxpayers Association, Inc.~~  
~~300 S. Duncan Ave., #299~~  
~~Clearwater, FL 33755~~



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3164565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~HOLMES, CURTIS A~~  
~~1605 S. MISSOURI AVENUE~~  
~~CLEARWATER FL 33756~~  
~~Taxpayers Association, Inc.~~  
~~300 S. Duncan Ave., #299~~  
~~Clearwater, FL 33755~~

7. Name and Address of New Registered Agent

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	HOLMES, CURTIS A	
STREET ADDRESS	1605 S. MISSOURI AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIELE, JOSEPH	
STREET ADDRESS	2200 COFFEE PT BLVD N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERWIN, GERALD	
STREET ADDRESS	1195 81ST ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS ~~CHANGES~~ TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>Taxpayers Association, Inc.</del>	
STREET ADDRESS	300 S. Duncan Ave., #299	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, 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 links empowered.

SIGNATURE:

WITNESSED AND SIGNED BY THE SECRETARY OF STATE

Date

Daytime Phone #

CR2E037 (9/99)