

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001280

1. Entity Name

TAMPA BAY'S BRIDAL ASSOCIATION, INC.

FILED

Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90067 026 ****61.25

Principal Place of Business

5915 MEMORIAL HWY
STE K
TAMPA FL 33615
US

Mailing Address

5915 MEMORIAL HWY
STE K
TAMPA FL 33615
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

59-3174096

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

REDER, RANDAL
1319 WEST FLETCHER AVE.
TAMPA FL 33612

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 D
NAME JOHNSON, PATRICIA A
STREET ADDRESS 10201 LOVE-MEADOW CT
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE P
NAME GREGORY L. SNOW ☐ Change ☒ Addition
STREET ADDRESS 5915 MEMORIAL HWY #K
CITY-ST-ZIP TAMPA FL 33615

TITLE VP
NAME EHRHARDT, TAMMY ☒ Delete
STREET ADDRESS 5100 W KENNEDY BLVD #435
CITY-ST-ZIP TAMPA FL 33609

TITLE VP
NAME RON BEACH ☐ Change ☒ Addition
STREET ADDRESS 2040 WINDING OAK DR
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE T
NAME ARGOE, CATHLEEN ☐ Delete
STREET ADDRESS 8003 DOWNING CIR
CITY-ST-ZIP TAMPA FL 33610

TITLE T
NAME TRAE, PATRICIA J. ☒ Change ☐ Addition
STREET ADDRESS 27001 US 19 N
CITY-ST-ZIP CLEARWATER FL 33761

TITLE S
NAME SNYDER, ROBERT ☐ Delete
STREET ADDRESS 3831-14TH AVE N
CITY-ST-ZIP SAINT PETERSBURG FL 33713

TITLE ☐ Change ☐ Addition

TITLE D
NAME HANNIGAN, CAROL ☒ Delete
STREET ADDRESS 10 W DODECANESE BLVD
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D
NAME THE REV. DR. ALLAN STUART ☐ Change ☒ Addition
STREET ADDRESS 2103 DIAMOND CT
CITY-ST-ZIP OLDSMAR FL 34677

TITLE D
NAME RAE, PATTI ☐ Delete
STREET ADDRESS 27001 US HIGHWAY 19N
CITY-ST-ZIP CLEARWATER FL 33761

TITLE D
NAME ARGOE, CATHLEEN ☒ Change ☐ Addition
STREET ADDRESS 8003 DOWNING CIR
CITY-ST-ZIP TAMPA FL 33610

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 #

CR2E037 (9/01)