

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005044

1. Entity Name

TAMPA BAY AQUARIUM SOCIETY, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90052 049 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1308 L. WANNYMOOR DR.  
RIOERDIEW FL 33569  
US

P.O. BOX 1805  
RIOERDIEW FL 33569  
US

2. Principal Place of Business

701 Channel side Dr.

3. Mailing Address

P.O. Box 27044

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

TAMPA FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33607

Country

US

Zip

33623

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, JUDI J  
11308 DONEYMOOR DR.  
RIOERDIEW FL 35569

7. Name and Address of New Registered Agent

Name  
Annette Jacobs

Street Address (P.O. Box Number is Not Acceptable)  
3800 4TH ST NO

City  
St. Pete

FL

Zip Code  
33703

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

*Annette Jacobs* Annette Jacobs

3/22/00  
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**

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	DV PETERSON, JUDI 14954 LAKE FORREST DR LUTZ FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, JOHN 14954 LAKE FORREST DR LUTZ FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEACKER, WAYON 10265 GANDY BLVD #1102 ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MONCRIEF, PATTY 14954 LAKE FORREST DR LUTZ FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHIELDS, BILL 14954 LAKE FORREST DR LUTZ FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELLIS, GUOYNE J 14550 BRUCE B BLVD #2848 TAMPA FL 33613	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V JACOBS, MICHAEL 518 63RD AVE SO St. Pete. FL. 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JACOBS, Annette 4420 38TH WAY SO #109 St. Pete. FL. 33711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Bradley, SUSAN 14408 W. 18TH ST TAMPA FL. 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MONCRIEF, PATTY 10265 GANDY BLVD #1102 St. Pete. FL. 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C SHIELDS, Bill 14954 LAKE FORREST DR LUTZ FL. 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greenwald, Jim 4405 34TH ST SO #132 St. Pete. FL. 33711	<input checked="" 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:

*Annette Jacobs* Annette Jacobs

3/22/00

727-522-1610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #