

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2001 08:00 AM****Secretary of State****DOCUMENT # N93000005044**1. Entity Name
TAMPA BAY AQUARIUM SOCIETY, INC.Principal Place of Business
701 CHANNEL SIDE DR.
TAMPA FL 33607
Mailing Address
P.O. BOX 27044
TAMPA FL 336232. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
Applied For
☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**JACOBS ANNETTE
5800-4TH ST N.
SAINT PETERSBURG FL 33703**7. Name and Address of New Registered Agent**Name
MONCRIEF PATTY
Street Address (P.O. Box Number is Not Acceptable)
238 93RD AVE. NORTH
City SAINT PETERSBURG FL Zip Code 33702

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 **PATTY MONCRIEF****05/07/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	GREENWALD JIM	4905-34TH ST. S. #132	SAINT PETERSBURG FL 33711	<input type="checkbox"/>	Delete
DC	SHIELDS BILL	14954 LAKE FORREST DR	LUTZ FL	<input type="checkbox"/>	Delete
DP	MONCRIEF PATTY	10265 GANDY BLVD #1102	SAINT PETERSBURG FL 33702	<input type="checkbox"/>	Delete
DS	BRADLEY SUSAN	14408 N. 18TH ST	TAMPA FL 33613	<input type="checkbox"/>	Delete
DT	JACOBS ANNETTE	4920-38TH WAY S. #109	SAINT PETERSBURG FL 33711	<input type="checkbox"/>	Delete
DV	JACOBS MICHAEL	518-63RD AVE S.	SAINT PETERSBURG FL 33715	<input type="checkbox"/>	Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	FRIAS THELMA	1602 TAYLOR RD.	BRANDON FL 33510	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DC	SHIELDS BILL	14954 LAKE FORREST DR	LUTZ FL 33549	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP	CORMIER JIM	6821 9TH AVE. NORTH	SAINT PETERSBURG FL 33710	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	MONCRIEF PATTY	238 93RD AVE. NORTH	SAINT PETERSBURG FL 33702	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**Patty Moncrief****DT****05/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)