

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000005044

FILED
Mar 31, 2002 8:00 AM
Secretary of State

Entity Name: TAMPA BAY AQUARIUM SOCIETY, INC.

Current Principal Place of Business:

701 CHANNEL SIDE DR.
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 27044
TAMPA, FL 33623 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONCRIEF, PATTY
238 93RD AVE. NORTH
SAINT PETERSBURG, FL 33702

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: JACOBS, MICHAEL
Address: 518- 63RD AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: DT () Delete
Name: MONCRIEF, PATTY
Address: 238 93RD AVE. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: DS () Delete
Name: BRADLEY, SUSAN
Address: 14408 N. 18TH ST
City-St-Zip: TAMPA, FL 33613

Title: DP () Delete
Name: CORMIER, JIM
Address: 6821 9TH AVE. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: DC () Delete
Name: SHIELDS, BILL
Address: 14954 LAKE FORREST DR
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: FRIAS, THELMA
Address: 1602 TAYLOR RD.
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HEAGEY, BOB
Address: 5026 17TH ST. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: BOATMAN, ALLEN
Address: 1154 DOCKSIDE DR.
City-St-Zip: LUTZ, FL 33549

Title: DV (X) Change () Addition
Name: SHIELDS, BILL
Address: 14954 LAKE FORREST DR
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTY MONCRIEF

DT

03/31/2002

Electronic Signature of Signing Officer or Director

Date