

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

0084397

DOCUMENT # N93000005044

1. Entity Name

TAMPA BAY AQUARIUM SOCIETY, INC.



05-15-2003 90121 047 ****61.25

Principal Place of Business

**701 CHANNEL SIDE DR.
TAMPA FL 33607
US**

Mailing Address

**P.O. BOX 27044
TAMPA FL 33623
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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patty Moncrief

(NOTE: Registered Agent signature required when reinstating)

May 7 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEAGEY, BOB	
STREET ADDRESS	5026 17TH ST. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MONCRIEF, PATTY	
STREET ADDRESS	238 93RD AVE. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BRADLEY, SUSAN	
STREET ADDRESS	14408 N. 18TH ST	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BOATMAN, ALLEN	
STREET ADDRESS	1154 DOCKSIDE DR.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHIELDS, BILL	
STREET ADDRESS	14954 LAKE FORREST DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIAS, THELMA	
STREET ADDRESS	1602 TAYLOR RD.	
CITY-ST-ZIP	BRANDON FL 33510	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE EMMAUS	
STREET ADDRESS	2555 OAK TRAIL # 208	
CITY-ST-ZIP	Clearwater FL 33764	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE JACOBS	
STREET ADDRESS	518 63RD AVE. S.	
CITY-ST-ZIP	St Petersburg, FL 33705	
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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOT REQUIRED

May 7 2003

727-578-2413

CR2E037 (10/02)