

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005228

1. Entity Name

TAMPA BAY SNOW SKIERS, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90040 038 \*\*\*\*61.25

Principal Place of Business	Mailing Address
7015 ARMENIA AVE N TAMPA FL 33604 US	PO BOX 25144 TAMPA FL 33622-5144 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	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BAY AREA ACCOUNTING-PHILLIP REID CPA 7015 ARMENIA AVE N TAMPA FL 33604

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.

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, HARRY
STREET ADDRESS	4021 PRIORY CR.
CITY-ST-ZIP	TAMPA FL 33624
TITLE	TD <input type="checkbox"/> Delete
NAME	NELSON, BARBARA
STREET ADDRESS	4009 PRIOVY CIRCLE
CITY-ST-ZIP	TAMPA FL 33624
TITLE	PD <input type="checkbox"/> Delete
NAME	HUTTO, DON
STREET ADDRESS	4427 E KEYSVILLE RD
CITY-ST-ZIP	LITHIA FL 33547
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	KOBIN, GREG
STREET ADDRESS	1435 MILLSTREAM LANE #205
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	SD <input type="checkbox"/> Delete
NAME	ENLOW, GAIL
STREET ADDRESS	8324 PARKWOOD BLVD
CITY-ST-ZIP	SEMINOLE FL 33777
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRANKWALTER, MICHAEL
STREET ADDRESS	13724 JOHN CASSON AVE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEATON, CHERYL
STREET ADDRESS	6887 CIRCLECREEK DR
CITY-ST-ZIP	PINEBLAS PARK, FL 33781-4805

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: Barbara Nelson 5/3/2000 (813) 961-0687  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-2E037 (9/95)