

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90096 023 ****61.25

DOCUMENT # N93000005228

1. Entity Name

TAMPA BAY SNOW SKIERS, INC.

Principal Place of Business

7015 ARMENIA AVE N
 TAMPA FL 33604
 US

Mailing Address

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAY AREA ACCOUNTING-PHILLIP REID CPA
7015 ARMENIA AVE N
TAMPA FL 33604

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. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **BROWN, HARRY**
 STREET ADDRESS **4021 PRIORY CR.**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **VD SMITH, JAMES** ☐ Change ☒ Addition
 NAME **1104 SAMY DR**
 STREET ADDRESS **TAMPA, FL 33613**
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **NELSON, BARBARA**
 STREET ADDRESS **4009 PRIORY CIRCLE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **SD NELSON BARBARA** ☒ Change ☐ Addition
 NAME **4009 PRIORY CIR**
 STREET ADDRESS **TAMPA FL 33624**
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **HUTTO, DON**
 STREET ADDRESS **4427 E KEYSVILLE RD**
 CITY-ST-ZIP **LITHIA FL 33547**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **DEANKWALTER, MICHAEL**
 STREET ADDRESS **13724 JOHN CASSON AVE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **PD DRANKWALTER, MICHAEL** ☒ Change ☐ Addition
 NAME **13724 JOHN CASSON AVE**
 STREET ADDRESS **HUDSON, FL 34667**
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **ENLOW, GAIL**
 STREET ADDRESS **8324 PARKWOOD BLVD**
 CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **D HARL, TERRY** ☐ Change ☒ Addition
 NAME **4416 W. Edgewild AVE**
 STREET ADDRESS **TAMPA, FL 33614**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GIEATON, CHERYL**
 STREET ADDRESS **6887 CIRCLE CREEK DR**
 CITY-ST-ZIP **PINELLAS PARK FL 33781-4805**

TITLE **TD GIEATON, CHERYL** ☒ Change ☐ Addition
 NAME **6887 CIRCLE CREEK DR**
 STREET ADDRESS **PINELLAS PARK, FL 33781-4805**
 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA NELSON,
TREAS

5-1-2001 (813) 961-0687

Date

Daytime Phone #

CR2E037 (10/00)