

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005229

1. Entity Name

TAMPA BAY ALPINE SKI CLUB, 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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. ☐

\$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 CIR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NELSON, BARBARA	
STREET ADDRESS	4009 PRIORY 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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRANKWALTER, MICHAEL	
STREET ADDRESS	13724 JOHN CASSON AVE	
CITY-ST-ZIP	HUACON FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEATON, CHERYL	
STREET ADDRESS	6807 CIRCLECROOK DR	
CITY-ST-ZIP	PINEHILLS 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/2000  
Date

(813) 961-0687  
Daytime Phone #

CR2E0:17 (1/99)