

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90017 028 \*\*\*\*61.25

**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

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 **VD** ☐ Delete  
NAME **SMITH, JAMES**  
STREET ADDRESS **1104 SAMY DR**  
CITY-ST-ZIP **TAMPA FL 33613**

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

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

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

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

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

TITLE **D** ☐ Delete  
NAME **HALL, TERRY**  
STREET ADDRESS **4416 W IDLEWILD**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☒ Change ☐ Addition  
NAME **HALL, TERRY**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY**  
STREET ADDRESS **ALAN JACKSON**  
CITY-ST-ZIP **8341 LIMAN DRIVE**  
**NEW PORT RICHEY, FL 34653**

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: **CHERYL A. GLEATON/TREASURER 4/26/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E037 (9/01)