

FILED
May 30, 2003 8:00 am
Secretary of State

04-30-2003 90078 013 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
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

55045090



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME SMITH, JAMES P.D.
STREET ADDRESS 1104 SAMY DR
CITY-ST-ZIP TAMPA FL 33613

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

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

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME BILLY MC PHILLIPS VD
STREET ADDRESS 316 N INVERNESS
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ☒ Delete
NAME HARL, TERRY TD
STREET ADDRESS 4416 W IDLEWILD
CITY-ST-ZIP TAMPA FL 33614

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

TITLE ☒ 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 ☒ Delete
NAME JACKSON, ALAN
STREET ADDRESS 8341 LIMAN DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME BRIAN MASON SD
STREET ADDRESS 18005 CLEARLAKE DR
CITY-ST-ZIP LUTZ FL 33548

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: JACOB A. REID (TERRY HARL) 4-27-03 8862895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPREC037 (10/02)