

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90042 046 \*\*\*\*61.25

**DOCUMENT # N93000005521**

1. Entity Name

**TAMPA BAY BIRD CLUB, INC.**

Principal Place of Business

Mailing Address

LUTZ CENTER  
 100 FIRST ST. N.W.  
 LUTZ FL 33549  
 US

P.O. BOX 27323  
 TAMPA FL 33623-7323  
 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

**59-3146653**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CARTER, KATHRYN W  
 34308 RUFFING RD.  
 DADE CITY FL 33525~~

CHANGE

Name **EILEEN M. HECTOR**

Street Address (P.O. Box Number is Not Acceptable)

**7614 BARRY RD.**

City **TAMPA**

**FL**

Zip Code **33615**

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 *Eileen M. Hector*  
Signature, typed or printed name of registered agent and title if applicable.

*Secretary TBBC*

*16 APR 2001*

(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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HECTOR, JULIO</b> <b>7614 BARRY RD</b> <b>TAMPA FL 33615</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>HECTOR, EILEEN</b> <b>7614 BARRY RD</b> <b>TAMPA FL 33615</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CARTER, KATHY</b> <b>34308 RUFFING RD</b> <b>DADE CITY FL 33523</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARTER, GEORGE</b> <b>34308 RUFFING RD</b> <b>DADE CITY FL 33523</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KREIGER, KRISTIE</b> <b>10647 WAYBRIDGE</b> <b>TAMPA FL 33626</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'BERRY, KARLA</b> <b>P.O. BOX 675</b> <b>LACOOCHEE FL 33537</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER/D</b> <b>DEBORAH WHARTON</b> <b>3425 REYNOLDS WOOD DR.</b> <b>TAMPA FL 33618</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Eileen M. Hector*

*16 APR 2001*

*813-880-9030*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)