

# 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

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

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 P  
NAME HECTOR, JULIO ☐ Delete  
STREET ADDRESS 7614 BARRY RD  
CITY-ST-ZIP TAMPA FL 33615

TITLE TREASURER/D  
NAME DEBORAH WHARTON ☐ Change ☒ Addition  
STREET ADDRESS 3425 REYNOLDS WOOD DR.  
CITY-ST-ZIP TAMPA FL 33618

TITLE S/D  
NAME HECTOR, EILEEN ☐ Delete  
STREET ADDRESS 7614 BARRY RD  
CITY-ST-ZIP TAMPA FL 33615

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

TITLE V  
NAME CARTER, KATHY ☒ Delete  
STREET ADDRESS 34308 RUFFING RD  
CITY-ST-ZIP DADE CITY FL 33523

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

TITLE D  
NAME CARTER, GEORGE ☒ Delete  
STREET ADDRESS 34308 RUFFING RD  
CITY-ST-ZIP DADE CITY FL 33523

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

TITLE D  
NAME KREIGER, KRISTIE ☐ Delete  
STREET ADDRESS 10647 WAYBRIDGE  
CITY-ST-ZIP TAMPA FL 33626

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

TITLE D  
NAME O'BERRY, KARLA ☒ Delete  
STREET ADDRESS P.O. BOX 675  
CITY-ST-ZIP LACOOCHIE FL 33537

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 APR 2001

813-880-9030

Date

Daytime Phone #

CR2E037 (10/00)