

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

0062590

**DOCUMENT # N95000003283**

1. Entity Name

**ST. PETE MAD DOGS TRIATHLON CLUB, INC.**

04-03-2001 90010 022 \*\*\*\*61.25

Principal Place of Business

PO BOX 635  
 ST PETERSBURG FL 33731-0635

Mailing Address

PO BOX 635  
 ST PETERSBURG FL 33731-0635

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 **59-3326485**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIYEU, DAVID**  
**9891 LAKE SEMINOLE DR W**  
**LARGO FL 33773**

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 ☐ Delete  
 NAME **PD BIYEU, DAVID**  
 STREET ADDRESS **9891 LAKE SEMINOLE DR W.**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Delete  
 NAME **VD KASCHAK, LISA**  
 STREET ADDRESS **801 -23RD AVE N**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ Delete  
 NAME **SD DELAND, ERIC**  
 STREET ADDRESS **3855 IRIS ST N.**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☒ Delete  
 NAME **TD PROSSICK, KATHY**  
 STREET ADDRESS **15206 LAKE MAURINE DR**  
 CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☒ Delete  
 NAME **VD BILYEU, DAVID**  
 STREET ADDRESS **9891 LAKE SEMINOLE DR, W**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **TD HUDSON, TIM**  
 STREET ADDRESS **2669 RENATA DR**  
 CITY-ST-ZIP **BELLEAIR BLUFFS, FL 33770**

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

TITLE ☐ Change ☒ Addition  
 NAME **VD CARTE, DAVID**  
 STREET ADDRESS **1620 MASSACHUSETTS AVE NE**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

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: Tim Hudson** **SIGNATURE REQUIRED** **TIM HUDSON - TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/29/01**

Date

**727-518-1463**

Daytime Phone #

CR2E037 (10/00)