

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003697

1. Entity Name

HILLSBOROUGH RIVER RIDERS, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90010 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

SHONEY'S  
1031 FOWLER AVE  
TAMPA FL

PO BOX 351  
LUTZ FL 33548-0351

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

VANETTA, SHANNO  
3540 E KNIGHTS GRIFFIN RD  
PLANT CITY FL 33565

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 ☐ Delete  
NAME D  
STREET ADDRESS VANEETTA, SHANNON  
CITY-ST-ZIP 3540 E KNIGHTS GRIFFIN  
PLANT CITY FL 33565

TITLE ☒ Change ☐ Addition  
NAME Y  
STREET ADDRESS STEPKA JEANNETE  
CITY-ST-ZIP 3908 STANLEY RD  
PLANT CITY, FL 33565

TITLE ☐ Delete  
NAME P  
STREET ADDRESS VANETTA, PAT  
CITY-ST-ZIP 3540 E KNIGHTS GRIFFIN RD  
PLANT CITY FL 33565

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS JEFF STEPKA  
CITY-ST-ZIP 3908 STANLEY RD  
PLANT CITY FL 33565

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COLEMAN, RANDY  
CITY-ST-ZIP 2107 RAMBLEWOOD LANE  
BRANDON FL 33510

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HABORA, SANDRA  
CITY-ST-ZIP 6104 IKE SMITH RD  
PLANT CITY FL 33565

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS VANDERKAM, JOHN  
CITY-ST-ZIP 6403 112TH AVE  
TEMPLE TERRACE FL 33617

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS VANDERKAM, JOHN  
CITY-ST-ZIP 6403 112TH AVE  
TEMPLE TERRACE, FL 33617

TITLE ☐ Delete  
NAME T  
STREET ADDRESS PERNAS, IVETTE  
CITY-ST-ZIP 18110 N 30TH ST  
LUTZ FL 33549

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

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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

813-

IVETTE PERNAS 3/23/00 948 0068