

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006101

1. Entity Name

TOP OF THE BAY WOMEN'S CLUB, INC.

**FILED**  
May 22, 2000 8:00 am  
Secretary of State

05-22-2000 90004 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

12520 BRONCO DRIVE  
TAMPA FL 33626

P.O. BOX 673  
OLDSMAR FL 34677-0673  
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

59-3382102

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

HOYE, SHERIDAN L  
12401 TWIN BRANCH ACRES RD  
TAMPA FL 33626

Name **ANGELA KRUEGER**

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

**2339 MIDDLECOFF DR.**

City **DUNEDIN**

**FL**

Zip Code **34698**

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

*Angela Krueger* **Angela Krueger, Treasurer**

**4-4-00**

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 **PD** ☒ Delete  
NAME **WHITE, NINA**  
STREET ADDRESS **10802 BUKSKIN PLACE**  
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **PD** ☒ Change ☐ Addition  
NAME **KARYN LEHMAN-RUSSO**  
STREET ADDRESS **1518 PICARDY CIRCLE**  
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **VPD** ☒ Delete  
NAME **LEHMAN-RUSSO, KARYN**  
STREET ADDRESS **1518 PICARDY CIRCLE**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **NINA WHITE**  
STREET ADDRESS **10802 BUKSKIN PLACE**  
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE **SD** ☒ Delete  
NAME **HOYE, SHERIDAN L**  
STREET ADDRESS **12401 TWIN BRANCH ACRES RD**  
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **SD** ☒ Change ☐ Addition  
NAME **HOLLY MALSCH**  
STREET ADDRESS **10904 BRIDLE PLACE**  
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition  
NAME **ANGELA KRUEGER**  
STREET ADDRESS **2339 MIDDLECOFF DR.**  
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 with an address, with all other like empowered.

SIGNATURE:

*Angela Krueger* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-00 (727) 793-9777**

Date

Daytime Phone #

CR2E037 (9/99)