

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006404

1. Entity Name

TAMPA BAY CATAMARAN SAILORS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90043 047 ****61.25

Principal Place of Business

Mailing Address

6329 LANSDALE CIRCLE
TAMPA FL 33616

6329 LANSDALE CIRCLE
TAMPA FL 33616-1405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3415030

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

ROCHE, CLIFFORD
6329 LANSDALE CIRCLE
TAMPA FL 33616

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 TD
STREET ADDRESS CLIFFORD ROCHE
CITY-ST-ZIP 6329 LANSDALE CIR
TAMPA FL 33616

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SHORT, BARBARA
CITY-ST-ZIP 211 E SKIFF POINT
CLEARWATER FL 34630

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

TITLE ☒ Delete
NAME SD
STREET ADDRESS JOHNSON, CHERYL
CITY-ST-ZIP 906 WOOD CLIFF AVENUE
TAMPA FL 33613

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS TUTCHER, CHRISTINE
CITY-ST-ZIP 901 Belle Chase Circle
Tampa, FL 33634

TITLE ☐ Delete
NAME VD
STREET ADDRESS DISALVO, MIKE
CITY-ST-ZIP 850 WESTRIDGE DRIVE
TAMPA FL 33615

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS SHORT, CHIP
CITY-ST-ZIP 211 E SKIFF POINT
CLEARWATER FL 34630

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

TITLE ☐ Delete
NAME D
STREET ADDRESS COPE, HAYWOOD
CITY-ST-ZIP 3545 COVINGTON DRIVE
HOLIDAY FL 34691

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 813-282-2486

Date

Daytime Phone #