

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90017 049 ****70.00

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DOCUMENT # N96000006404

1. Entity Name

TAMPA BAY CATAMARAN SAILORS, INC.

Principal Place of Business

Mailing Address

% BETTY J. BROOKS
12724 CARTE DR.
TAMPA FL 33618-3212

% BETTY J. BROOKS
12724 CARTE DR.
TAMPA FL 33618-3212

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 TUTCHER, CHRISTINE

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

901 BELLE CHASE CIRCLE

City

TAMPA

FL

Zip Code

33634

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

Christine M. Tutcher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/01

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

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

TITLE SD ☐ Delete
NAME TUTCHER, CHRISTINE
STREET ADDRESS 901 BELLE CHASE CIRCLE
CITY-ST-ZIP TAMPA FL 33634

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

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

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

TITLE VD ☒ Change ☐ Addition
NAME BROOKS, WILLIAM
STREET ADDRESS 12724 CARTE DRIVE
CITY-ST-ZIP TAMPA, FL 33618

TITLE TD ☒ Change ☐ Addition
NAME BROOKS, BETTY
STREET ADDRESS 12724 CARTE DRIVE
CITY-ST-ZIP TAMPA, FL 33618

TITLE PD ☒ Change ☐ Addition
NAME TUTCHER, CHRISTINE
STREET ADDRESS 901 BELLE CHASE CIRCLE
CITY-ST-ZIP TAMPA, FL 33634

TITLE SD ☒ Change ☐ Addition
NAME KEYSOR, GRACIANNE
STREET ADDRESS 209B 18TH AVENUE
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

TITLE D ☒ Change ☐ Addition
NAME SHORT, CHARLES
STREET ADDRESS 211 E SKIFF POINT
CITY-ST-ZIP CLEARWATER, FL 34630

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:

William D. Brooks William D. Brooks 4-8-01 813-274-8479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)