

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90045 041 \*\*\*\*61.25

**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

Zip

Country

Zip

Country

4. FEI Number **59-3415030**  
~~NOT APPLICABLE~~

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

TUTCHER, CHRISTINE  
 901 BELLE CHASE CIRCLE  
 TAMPA FL 33634

Name **TERRY FONDRAK**  
 Street Address (P.O. Box Number is Not Acceptable)

**1301 Lily CT.**

City **TARPON SPRINGS**

**FL**

Zip Code

**34689**

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 **TERRY L. FONDRAK**

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

(NOTE: Registered Agent signature required when reinstating)

**4/7/02**

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 **VD** ☒ Delete  
 NAME **BROOKS, WILLIAM**  
 STREET ADDRESS **12724 CARTE DRIVE**  
 CITY-ST-ZIP **TAMPA FL 33616**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **FONDRAK, JUDY**  
 STREET ADDRESS **1301 Lily CT.**  
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **TD** ☐ Delete  
 NAME **BROOKS, BETTY**  
 STREET ADDRESS **12724 CARTE DRIVE**  
 CITY-ST-ZIP **TAMPA FL 33618**

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

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

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

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

TITLE **PD** ☒ Change ☐ Addition  
 NAME **FONDRAK, TERRY**  
 STREET ADDRESS **1301 Lily CT.**  
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

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

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

TITLE **SD** ☒ Delete  
 NAME **KEYSON, GRACEANNE**  
 STREET ADDRESS **209B 18TH AVENUE**  
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

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: **Betty Brooks** **BETTY BROOKS** **4-6-02** **(813) 961-5439**

CR2E037 (9/01)