

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90142 033 \*\*\*\*61.25

**DOCUMENT # N96000006404**

1. Entity Name

**TAMPA BAY CATAMARAN SAILORS, INC.**



Principal Place of Business

% CHRISTINE TUTCHER  
901 BELLE CHASE CIRCLE  
TAMPA FL 33634-6280

Mailing Address

% CHRISTINE TUTCHER  
901 BELLE CHASE CIRCLE  
TAMPA FL 33634-6280

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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FONDAK, TERRY  
1301 LILY CT  
TARPO SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name **CHRISTINE TUTCHER**

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

**901 BELLE CHASE CIRCLE**

City **TAMPA**

FL

Zip Code

**33634-6280**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Christine M. Tutcher*

**TREASURER**

**4/23/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **FONDAK, JUDY**  
STREET ADDRESS **1301 LILY CT**  
CITY-ST-ZIP **TARPO SPRINGS FL 34689**

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

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

TITLE **PD** ☐ Delete  
NAME **FONDRK, TERRY**  
STREET ADDRESS **1301 LILY CT**  
CITY-ST-ZIP **TARPO SPRINGS FL 34689**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition  
NAME **FONDRK, JUDY**  
STREET ADDRESS **1301 LILY CT**  
CITY-ST-ZIP **TARPO SPRINGS FL 34689**

TITLE **SD** ☐ Change ☒ Addition  
NAME **CHERYL JOHNSON**  
STREET ADDRESS **906 WOODCLIFF AVE**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **TD** ☒ Change ☐ Addition  
NAME **CHRISTINE TUTCHER**  
STREET ADDRESS **901 BELLE CHASE CIRCLE**  
CITY-ST-ZIP **TAMPA FL 33634-6280**

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

TITLE ☐ Change ☐ Addition  
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:

*Christine M. Tutcher* **CHRISTINE TUTCHER** **4/23/03** **813.882.1368**

CR2E037 (10/02)