

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000805

1. Entity Name

TAMPA BAY ASSOCIATION OF CODE ENFORCEMENT, INC.

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90576 017 ****61.25

Principal Place of Business

Mailing Address

CITIZEN BDS SUPPORT OF HILLSBOROUGH CITY
725 E. KENNEDY BLVD., SUITE 302
TAMPA FL 33602

CITIZEN BDS SUPPORT OF HILLSBOROUGH CITY
725 E. KENNEDY BLVD., SUITE 302
TAMPA FL 33602

2. Principal Place of Business
7700 59th Street

3. Mailing Address
7700 59th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pinellas Park, FL

Pinellas Park, FL

Zip 33781

Country

Zip

33781

Country

4. FEI Number

59-3431961

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

GROSS
GOSS, JOE
11250 N. 56TH ST
TEMPLE TERRACE FL 33617

Name
Pezone, Lisa

Street Address (P.O. Box Number is Not Acceptable)
7700 59th Street

City

Pinellas Park

FL

Zip Code
33781

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.

X SIGNATURE Lisa Pezone

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/2001

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 GROSS, JOE
STREET ADDRESS 11250 N. 56TH ST
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE PD ☒ Change ☐ Addition
NAME Pezone, Lisa
STREET ADDRESS 7700 59th Street
CITY-ST-ZIP Pinellas Park, FL 33781

TITLE VPD ☐ Delete
NAME PEZONE, LISA
STREET ADDRESS 7700 59TH ST
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE VPD ☐ Change ☒ Addition
NAME Pratt, Vicki
STREET ADDRESS 306 E Jackson Street, #3N
CITY-ST-ZIP Tampa, FL 33602

TITLE SD ☒ Delete
NAME BAKER, HELENENOR A
STREET ADDRESS 725 E KENNEDY BLVD, STE 302
CITY-ST-ZIP TAMPA FL 33602

TITLE SD ☐ Change ☒ Addition
NAME Cooper, Tiika
STREET ADDRESS 306 E Jackson Street, #3N
CITY-ST-ZIP Tampa, FL 33602

TITLE TD ☐ Delete
NAME DOHERTY, GERI
STREET ADDRESS 100 S MYRTLE AVE
CITY-ST-ZIP CLEARWATER FL 33756

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TD 01-29-01 727-562-4727

Date

Daytime Phone #

CR2E037 (10/00)