

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90038 016 ****61.25

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

DOCUMENT # N97000000805

1. Entity Name

TAMPA BAY ASSOCIATION OF CODE ENFORCEMENT, INC.

DO NOT WRITE IN THIS SPACE

427435

2. Principal Place of Business

306 E. Jackson Street, #3N

Suite, Apt. #, etc.

3. Mailing Address

CRT - P.O. Box 4748

Suite, Apt. #, etc.

Room 230

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Clearwater, FL

4. FEI Number

59-3431961

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

33758-4748

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Geri Doherty

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

100 S Myrtle Avenue

Room 230

City

Clearwater

FL

Zip Code

33756

**DO NOT WRITE
IN THIS SPACE**

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

Geri Doherty

Geri Doherty, Treasurer

03-07-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
PRATT, VICKI
306 E Jackson Street, #3N
Tampa, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
GROSS, JOE
7530 LITTLE ROAD, S-212
NEW PORT RICHEY, FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
COOPER, TIKA
306 E JACKSON STREET, #3N
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
DOHERTY, GERI
100 S. MYRTLE AVENUE
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Geri Doherty

Geri Doherty

03-07-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)