

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

07-10-2001 90003 040 ****61.25

DOCUMENT # N98000001327

1. Entity Name

PRIME TIMERS TAMPA BAY, INC.

Principal Place of Business

9238 N. HYALEAH ROAD
TAMPA FL 33617

Mailing Address

POST OFFICE BOX 65
DUNEDIN FL 34697-0065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3497332

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

MORTON, DANIEL H
9238 N. HYALEAH ROAD
TAMPA FL 33617

Name

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

City

FL

Zip Code

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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROWELL, DALE 9238 N. HYALEAH ROAD TAMPA FL 33617	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORTON, DANIEL 9238 N. HYALEAH ROAD TAMPA FL 33617	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARKSON, RICHARD 9238 N. HYALEAH ROAD TAMPA FL 33617	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEIUS, CHUCK 9238 N. HYALEAH ROAD TAMPA FL 33617	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, ED 9238 N. HYALEAH ROAD TAMPA FL 33617	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPTHORNE, BILL 9238 N. HYALEAH ROAD TAMPA FL 33617	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWELL, DALE 9238 N. HYALEAH TAMPA, FL 33617	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALAN MCKINLEY 9238 N. HYALEAH TAMPA, FL 33617	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERT HARKABUS 9238 N. HYALEAH TAMPA, FL 33617	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAM BARKER 9238 N. HYALEAH TAMPA, FL 33617	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY PARHAM 9238 N. HYALEAH TAMPA, FL 33617	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLIE WHITE 9238 N. HYALEAH TAMPA, FL 33617	☐ Change ☒ Addition

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)