

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002791

1. Entity Name

R.I.D. TAMPA BAY, INC.

FILED

Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90143 009 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 48385  
ST. PETERSBURG FL 33743-8385

Mailing Address

P.O. BOX 48385  
ST. PETERSBURG FL 33743-8385

LUU42136



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

59-3510653

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

GASSMAN, ALAN S ESQ  
1245 COURT STREET SUITE 102  
CLEARWATER FL 33756

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  
D  
GILBERT, VICKI  
7777 46TH AVENUE N #23  
ST PETERSBURG FL 33709

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/T  
RAMONA L. Richardson  
546 51st S.  
ST. Petersburg, FL 33707-2643

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
AHO, BARBARA H  
1670 YOUNG AVE  
CLEARWATER FL 33756

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PEARSON, DENNIS  
203 N. GLENWOOD AVE  
CLEARWATER FL 33756

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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: *Barbara H Aho* DATE: *3/24/2001* DAYTIME PHONE: *727-585-1287*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)