

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004788

1. Entity Name

SEMINOLE HEIGHTS BUSINESS ALLIANCE, INC.

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90177 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6100 NEBRASKA AVE  
TAMPA FL 33604

6100 NEBRASKA AVE  
TAMPA FL 33604-6858

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

31-1667093

4. FEI Number

APPLIED FOR

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

CRAFT, JEFFERSON W  
6100 NEBRASKA AVE  
TAMPA FL 33604

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	P	<input type="checkbox"/> Delete
NAME	CRAFT, JEFFERSON W	Director
STREET ADDRESS	6100 NEBRASKA AVE N	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MYERS, PHILIP	Director
STREET ADDRESS	5601 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	T	<input type="checkbox"/> Delete
NAME	EASTRIDGE, KLAUS D	
STREET ADDRESS	4315 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOLD, LAURIE	Director
STREET ADDRESS	1310 E FRIERSON ST	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ABRAHAMS, TERRY	
STREET ADDRESS	701 W IDELWILD AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MYERS, CHRIS	
STREET ADDRESS	6116 N CENTRAL AVE	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/27/00

(813) 239-1173

Date

Daytime Phone #

CR2E037 (9/99)