

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am
Secretary of State**

01-25-2001 90008 032 ****61.25

DOCUMENT # N98000004788

1. Entity Name

SEMINOLE HEIGHTS BUSINESS ALLIANCE, INC.

Principal Place of Business

**6100 NEBRASKA AVE
TAMPA FL 33604**

Mailing Address

**6100 NEBRASKA AVE
TAMPA FL 33604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1667093

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRAFT, JEFFERSON W
6100 NEBRASKA AVE
TAMPA FL 33604**

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CRAFT, JEFFERSON W	<i>Director</i>
STREET ADDRESS	6100 NEBRASKA AVE N	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE	VP	<input type="checkbox"/> Delete
NAME	MYERS, PHILIP	<i>Director</i>
STREET ADDRESS	5601 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EASTRIDGE, KLAUS D	
STREET ADDRESS	4315 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33603	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GOLD, LAURIE	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hanes, Chrys	
STREET ADDRESS	6116 N. Central Ave	<i>Director</i>
CITY-ST-ZIP	Tampa, FL 33601	

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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/01

Daytime Phone #

(813) 239-1173

CR2E037 (10/00)