

2000 UNIFORM BUSINESS REPORT (UBR)

3/10/00-90015-041-\$61.25-\$61.25

DOCUMENT # N99000001668

1. Entity Name

FLORIDA TANDEM AND TOURING SOCIETY, INC.

FILED

00 MAR 30 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

611 W. AZEELE ST.
TAMPA FL 33606-2205

611 W. AZEELE ST.
TAMPA FL 33606-2205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3565747

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

SMITH, H. STRATTON III, ESQ.
611 W. AZEELE ST.
TAMPA FL 33606-2205

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 D / Pres
NAME SMITH, STRATTON
STREET ADDRESS 611 W. AZEELE ST.
CITY-ST-ZIP TAMPA FL 33606-2205 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D / Sec
NAME SMITH, SUSAN
STREET ADDRESS 611 W. AZEELE ST.
CITY-ST-ZIP TAMPA FL 33606-2205 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~PROVENZANO, TOM~~
NAME ~~8201 SANIBEL BLVD.~~
STREET ADDRESS ~~FT. MYERS FL 33912~~ ☒ Delete

TITLE D
NAME STEVEN BUCK
STREET ADDRESS 1122 TEAKWOOD AVE.
CITY-ST-ZIP TAMPA FL 33613 ☐ Change ☒ Addition

TITLE ~~PROVENZANO, KATHY~~
NAME ~~8201 SANIBEL BLVD.~~
STREET ADDRESS ~~FT. MYERS FL 33912~~ ☒ Delete

TITLE D
NAME KEIKO BUCK
STREET ADDRESS 1122 TEAKWOOD AVE
CITY-ST-ZIP TAMPA FL 33613 ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* REGISTERED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

(813) 251-1624

Daytime Phone #

CR2E037 (9/99)