

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001668

1. Entity Name

FLORIDA TANDEM AND TOURING SOCIETY, INC.

**FILED**  
Jul 18, 2001 8:00 am  
Secretary of State

07-18-2001 90258 044 \*\*\*\*61.25

Principal Place of Business

611 W. AZEELE ST.  
TAMPA FL 33606-2205

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number **59-3565767**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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**  
**After September 12, 2001, min. will be \$236.25**

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

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

TITLE **D** ☐ Delete  
NAME **BUCK, STEVEN**  
STREET ADDRESS **1122 TEAKWOOD AVENUE**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Delete  
NAME **BUCK, KEIKO**  
STREET ADDRESS **1122 TEAKWOOD AVENUE**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D/VP/S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **Steven Buck**  
STREET ADDRESS **2426 Bay Lake Loop**  
CITY-ST-ZIP **Groveland, FL 34736**

TITLE **D** ☒ Change ☐ Addition  
NAME **Keiko Buck**  
STREET ADDRESS **2426 Bay Lake Loop**  
CITY-ST-ZIP **Groveland, FL 34736**

TITLE ☐ Change ☐ Addition  
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]* **REQUIRED**

7/10/01 813-2511624

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CR2E037 (5/01)