

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90020 028 ****61.25

DOCUMENT # N99000001668

1. Entity Name

FLORIDA TANDEM AND TOURING SOCIETY, INC.

Principal Place of Business

Mailing Address

**611 W. AZEELE ST.
TAMPA FL 33606-2205**

**611 W. AZEELE ST.
TAMPA FL 33606-2205**

80014723



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

59-3565767

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	DP	<input type="checkbox"/> Delete
NAME	SMITH, STRATTON	
STREET ADDRESS	611 W. AZEELE ST.	
CITY-ST-ZIP	TAMPA FL 33606-2205	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	SMITH, SUSAN	
STREET ADDRESS	611 W. AZEELE ST.	
CITY-ST-ZIP	TAMPA FL 33606-2205	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCK, STEVEN	
STREET ADDRESS	2426 BAY LAKE LOOP	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCK, KEIKO	
STREET ADDRESS	2426 BAY LAKE LOOP	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 Secured
Signature and Typed or Printed Name of Signing Officer or Director
SMITH, H. STRATTON III, ESQ

1-10-02

813-251-1624

Date

Daytime Phone #

CR2037 (9/01)

0039998