

2000 UNIFORM BUSINESS REPORT (UBR)

6/9

DOCUMENT # N99000002573

1. Entity Name

TAMPA ULTIMATE FRISBEE, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

06-09-2000 90024 018 ****65.00

Principal Place of Business

125 126TH AVENUE
TREASURE ISLAND FL 33706

Mailing Address

125 126TH AVENUE
TREASURE ISLAND FL 33706

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

59-3574293

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

ROBERTS, FLOYD
125 126TH AVENUE
TREASURE ISLAND FL 33706

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 ☐ Delete
NAME ROBERTS, FLOYD
STREET ADDRESS 125 126TH AVENUE
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE ☐ Change ☒ Addition
NAME Mary Stallings
STREET ADDRESS 9105 Fremont Ave
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete
NAME ACHUFF, KEITH
STREET ADDRESS 344 41ST AVENUE
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

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

TITLE ☐ Delete
NAME MOORE, EMILY
STREET ADDRESS 1841 42ND ST N
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1091 Robmar Road
CITY-ST-ZIP Dunedin FL 34698

TITLE ☐ Delete
NAME GREENWELL, JEFF
STREET ADDRESS 1422 E CRAWFORD ST
CITY-ST-ZIP TAMPA FL 33604

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

TITLE ☐ Delete
NAME QUISENBERRY, BO
STREET ADDRESS 8649 N HIMES AVE #115
CITY-ST-ZIP TAMPA FL 33614

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2308 W North B St Fl
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME MONEY, NICK
STREET ADDRESS 101-A E DAVID BLVD.
CITY-ST-ZIP TAMPA FL 33606

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)