

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002573

1. Entity Name

TAMPA ULTIMATE FRISBEE, INC.

UR

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

ROBERTS, FLOYD
125 126TH AVENUE
TREASURE ISLAND FL 33706

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE D
NAME QUISENBERRY, BO
STREET ADDRESS 8849 N HIMES AVE #115
CITY-ST-ZIP TAMPA FL 33614

☐ Delete

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

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 E Roberts Jr

727-363-4825

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90029 030 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)