

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005420

1. Entity Name

TAMPA AREA CABDRIVER'S TRUST INC.

FILED

Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90005 039 ****61.25

Principal Place of Business

4302-H GINGER COVE DRIVE
TAMPA FL 33634

Mailing Address

4302-H GINGER COVE DRIVE
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3600290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNN, FRANK
4302-H GINGER COVE DRIVE
TAMPA FL 33634

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 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUNN, FRANK
4302-H GINGER COVE DRIVE
TAMPA FL 33634 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAKER, NELSON
7504-H TIMBERSTONE DRIVE
TAMPA FL 33615 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENNETH STEADHAM JR.
5607 FOREST HAVEN CIR #105
TAMPA FL 33615 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LANGUEDOC, GERALD
9207 BALFERN COURT
TAMPA FL 33615 ☐ Delete

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

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK M. DUNN

Date
8/16/00

Daytime Phone #
813-833-4385

CR2E037 (5/00)