

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006616

1. Entity Name

TAMPA BAY TANGO, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90052 018 ****61.25

Principal Place of Business Mailing Address
28100 U.S. HWY. 19 NORTH, SUITE 502 28100 U.S. HWY. 19 NORTH, SUITE 502
CLEARWATER FL 33761-2686 CLEARWATER FL 33761-2686

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

59-3609895

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

CARRION, RAMON
28100 U.S. HWY. 19 NORTH, SUITE 502
CLEARWATER FL 33761-2686

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 D ☐ Delete
NAME GOBLE, JANA
STREET ADDRESS 10310 ROSEMOUNT DRIVE
CITY-ST-ZIP TAMPA FL 33624

TITLE P/D ☒ Change ☐ Addition
NAME GOBLE, JANA
STREET ADDRESS 10310 ROSEMOUNT DRIVE
CITY-ST-ZIP TAMPA, FL 33624

TITLE D ☐ Delete
NAME CARRION, RAMON
STREET ADDRESS 622 QUAIL KEEP DRIVE
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE V/D ☐ Change ☒ Addition
NAME JOE OLIVERO
STREET ADDRESS 1339 FUCHSIA DRIVE
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE D ☒ Delete
NAME AMARAL, SIMONE
STREET ADDRESS 614 LEMONWOOD AVENUE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE T/D ☐ Change ☒ Addition
NAME RICHARD HARGRAVE
STREET ADDRESS 1518 RIVERSIDE DRIVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME KRISTEN HUBBARD
STREET ADDRESS 2717 SEVILLE BOULEVARD
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME MIRILLA MASSETTI
STREET ADDRESS 2432 TREMONT WAY
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000

Date

(813) 222-5040

Daytime Phone #

CR2E037 (9/99)