

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006749

1. Entity Name

BAY AREA METRO LACROSSE CORPORATION

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90040 015 ****61.25

| | |
|--------------------------------------|---|
| Principal Place of Business | Mailing Address |
| 3327 VALENCIA ROAD TAMPA FL 33618 | 3327 VALENCIA ROAD TAMPA FL 33618-3955 |

| | |
|--|--|
| 2. Principal Place of Business 4023 W. SAN LUIS ST. | 3. Mailing Address 4023 W. SAN LUIS ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|----------------------------|----------------------------|
| City & State TAMPA, FL. | City & State TAMPA, FL. |
| Zip 33629 | Country U.S.A. |
| Country U.S.A. | Zip 33629 |



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | |
| WEBER, SCOTT P C/O RUDNICK & WOLFE 101 EAST KENNEDY BLVD., SUITE 2000 TAMPA FL 33602 | |
| 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

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 SHALER, JIM 4023 WEST SAN LUIS STREET TAMPA FL 33629 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RICE, DAN 3327 VALENCIA ROAD TAMPA FL 33618 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D COPELAND, DAVE 3500 CASABLANCA AVENUE ST. PETE BEACH FL 33706 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HOCKENBERRY, ROGER 115 112TH AVENUE N.E. #709 ST. PETERSBURG FL 33716 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MCGOUGH, TOM 964 SUWANEE STREET SAFETY HARBOR FL 34695 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00 (813) 933-7851
Date Daytime Phone #

CR2E037 (9/99)