

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021571

1. Entity Name  
T & B HOLDINGS, INC.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90287 003 \*\*\*150.00

Principal Place of Business

801 48TH STREET NORTH  
ST. PETERSBURG FL 33710

Mailing Address

801 48TH STREET NORTH  
ST. PETERSBURG FL 33710

2. Principal Place of Business

660 MCCUE RD  
Suite, Apt. #, etc.  
LAKEAUD, FL  
City & State  
33710

3. Mailing Address

660 MCCUE RD  
Suite, Apt. #, etc.  
LAKEAUD, FL  
City & State  
33710

Zip

Country

Zip

Country

4. FEI Number

59-3672214

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A  
501 E. KENNEDY BLVD., SUITE 1500  
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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REFAE, BADR	
STREET ADDRESS	801 48TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	REFAE, THABIT	
STREET ADDRESS	801 48TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REFAE, BADR	
STREET ADDRESS	660 MCCUE RD	
CITY-ST-ZIP	LAKEAUD, FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REFAE, THABIT	
STREET ADDRESS	660 MCCUE RD	
CITY-ST-ZIP	LAKEAUD, FL 33710	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUSTON, RUSSELL	
STREET ADDRESS	660 MCCUE RD	
CITY-ST-ZIP	LAKEAUD, FL 33710	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD A. JACOBSON	
STREET ADDRESS	501 E. KENNEDY BLVD., STE 1700	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

3/1/01

Date

813/222-1159

Daytime Phone #

FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL & BANKER, P.A.

Attorneys-At-Law

Post Office Box 1438 • Tampa, Florida 33601

SUNTRUST BANK

TAMPA, FL 33602

63-656  
631

Date: January 31, 2001

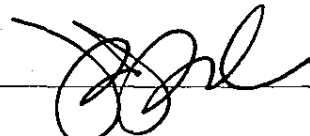
446437

Pay: One hundred fifty and 00/100\*\*\*\*\* \$ \*\*\*150.00\*\*\*

PAY  
TO THE  
ORDER OF:

Department of State

VOID AFTER 6 MONTHS  
FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL & BANKER, P.A.



⑈446437⑈ ⑆063106569⑆0032020400718⑈

WARNING: THIS DOCUMENT IS VOID IF ACCOUNT NUMBER DOES NOT APPEAR ON THE REVERSE SIDE IN RED

FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL & BANKER, P.A.

Tampa, Florida

DETACH AND RETAIN THIS STATEMENT

THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.  
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

Attachment Doc # P000000021571  
65094

Payee: Department of State

Vendor ID: 0328

Check #: 446437

Check Date: Jan 31/01

Inv #	Inv Date	G/L Acct	Client	Matter	Amount	Inv Total
1002900/012501	Jan 25/01	40718	1002900	VENDOR: Department of State; INVOICE#: 1002900/012501; DATE: 1/25/01 - Filing Fee for Annual Uniform Business Report for T&B Holdings, Inc.	\$150.00	\$150.00
Invoice Totals:					\$150.00	\$150.00