

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Sep 17, 2001 8:00 am
Secretary of State

05-16-2001 90028 033 ***150.00

DOCUMENT # P00000068744

1. Entity Name
TAMPA TWINS, INC.

Principal Place of Business
~~2201 SWANN AVE.~~
~~4545 W. KENNEDY BLVD~~
TAMPA FL 33606

Mailing Address
~~4545 W. KENNEDY BLVD~~
~~TAMPA FL 33609~~

New Address:
2201 SWANN AVE. 33606

2. Principal Place of Business

2201 W SWANN AVE.

3. Mailing Address

2201 W SWANN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA

City & State

TAMPA

Zip

33606

Country

Hills.

Zip

33606

Country

Hills.

4. FEI Number

59-3742821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

FUENTES, LAWRENCE E ESQ
1407 WEST BUSCH BLVD
TAMPA FL 33612

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 **LINDA B. LEBAN - P**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/01

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 ☐ Delete

NAME **LEBAN, LINDA B**
 STREET ADDRESS **11602 HENDERSON ROAD**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Delete

NAME **KORHN, BRENDA B**
 STREET ADDRESS **3212 SAN NICOLAS**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Linda B. Leban, P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (813) 244-0325

Date Daytime Phone #

(813) 244-0325

253-7444

CR2E034 (10/00)