

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060252

1. Entity Name

TAMPA TOWN FERRY, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90102 003 \*\*\*150.00

Principal Place of Business

801 CHANNELSIDE DR  
TAMPA FL 33602  
US

Mailing Address

P.O. BOX 2018  
RIVERVIEW FL 33568  
US

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 59-3214471

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

KLEINMAN, LEONARD L  
201 E. KENNEDY BLVD.  
SUITE 1000  
TAMPA FL 33602

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MACFARLANE, PATRICIA J.  
STREET ADDRESS 458 MARMORA AVE.  
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE M  
NAME WINCHESTER, DEBRA  
STREET ADDRESS 12112 CLEARBROOK CT  
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

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

TITLE D  
NAME OWENSBY, BARBARA  
STREET ADDRESS 11902 W 82ND TERRACE  
CITY-ST-ZIP LENEXA KS ☐ Delete

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

TITLE D  
NAME EDWARDS, MIKE  
STREET ADDRESS 130 ADELAIDE ST W SUITE 1200  
CITY-ST-ZIP TORONTO ON ☐ Delete

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

TITLE D  
NAME ZILLAH, PRINCE  
STREET ADDRESS 3 CLEARMOUNT CIRCLE  
CITY-ST-ZIP ST. CATHARINES ONT. ☐ Delete

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

TITLE D  
NAME CALLAHAN, TIM  
STREET ADDRESS 19 COUNAUGHT CIRCLE  
CITY-ST-ZIP TORONTO ON ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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

DE WINCHESTER

4/26/01

(813) 223-1522

Date Daytime Phone #

CR2E034 (10/00)