

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062974

1. Entity Name

BUSINESS VENTURES OF TAMPA BAY, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90066 024 ***150.00

Principal Place of Business

4625 EAST BAY DR.
SUITE 305
CLEARWATER FL 33764
US

Mailing Address

4625 EAST BAY DR.
SUITE 305
CLEARWATER FL 33764-5747
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

59-3200114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BIEBER, RUSSELL C
4625 E. BAY DR., SUITE 305
CLEARWATER FL 34624

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	MITTS, W. CRAIG	
STREET ADDRESS	8613 PINETREE DR S	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KELCOURSE, ROBERT L	
STREET ADDRESS	3116 EGRET TERRACE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MITTS, W. CRAIG	
STREET ADDRESS	8613 PINETREE DR S	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUSSELL C BIEBER	
STREET ADDRESS	3111 HUDE PARK DR	
CITY-ST-ZIP	CLEARWATER FL	
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		<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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

PRESIDENT, SECRETARY TREASURY
RUSSELL C. BIEBER
2699 SEVILLE BLVD., UNIT 105
CLEARWATER, FL 33764

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

1-24-2000 (727) 536-4568

Date

Daytime Phone #