

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093346

1. Entity Name

NEW TAMPA IMPROVEMENT DISTRICT, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State
 07-28-2000 90015 001 *1,161.25

Principal Place of Business

401 Providence Road
 Brandon, FL 33511

Mailing Address

401 Providence Road
 Brandon, FL 33511

18987

2. Principal Place of Business

6000 Compton Estates Way
 Suite, Apt. #, etc.

3. Mailing Address

6000 Compton Estates Way
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3410521

Applied For

Not Applicable

Zip

33647

Country

USA

Zip

33647

Country

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Inglis, John S.
 Shumaker, Loop & Kendrick, LLP
 101 E. Kennedy Blvd., #2800
 Tampa, FL 33602

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete Kinsler, Warren 401 Providence Road Brandon, FL 33511	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6000 Compton Estates Way Tampa, FL 33647
STREET ADDRESS	401 Providence Road	NAME	
CITY-ST-ZIP	Brandon, FL 33511	STREET ADDRESS	
TITLE	D <input type="checkbox"/> Delete Wilf, Leonard 820 Morris Turnpike Short Hills, NJ 07078	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	820 Morris Turnpike	NAME	
CITY-ST-ZIP	Short Hills, NJ 07078	STREET ADDRESS	
TITLE	D <input type="checkbox"/> Delete Wilf, Zygmunt 820 Morris Turnpike Short Hills, NJ 07078	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	820 Morris Turnpike	NAME	
CITY-ST-ZIP	Short Hills, NJ 07078	STREET ADDRESS	
TITLE	D <input type="checkbox"/> Delete Wilf, Mark 820 Morris Turnpike Short Hills, NJ 07078	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	820 Morris Turnpike	NAME	
CITY-ST-ZIP	Short Hills, NJ 07078	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	

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: By

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren Kinsler, Director

Date

7/24/00

813/910-7914

Daytime Phone #