

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

TAMPA EAGLE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90080 044 ***150.00

Principal Place of Business

Mailing Address

3000 34th STREET, SOUTH
ST. PETERSBURG, FL 33711

NEW ADDRESS

2. Principal Place of Business

3000 34th STREET, SOUTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

Zip

33711

Country

Zip

Country

4. FEI Number

59-3425119

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

THOMAS W. KIPLE
3000 34th STREET, SOUTH
ST. PETERSBURG, FL 33711

NEW ADDRESS ONLY

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

Thomas W. Kiple THOMAS W. KIPLE, PRESIDENT

4-10-00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	THOMAS W. KIPLE	2200 SOUTH SHORE DR., SE	ST. PETERSBURG, FL 33711	<input type="checkbox"/>
DAVID C. SCHAUER	321 22nd Avenue, SE	ST. PETERSBURG, FL 33705		<input checked="" type="checkbox"/>
TREASURER	GLENN J. BIFFIGNANI	3000 34 th STREET, SOUTH	ST. PETERSBURG, FL 33711	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3000 34 th STREET, SOUTH	ST. PETERSBURG, FL 33711	<i>address change only</i>
Secretary, Vice President	LESTER L. WOLFF	3000 34 th STREET, SOUTH	ST. PETERSBURG, FL 33711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Thomas W. Kiple, Pres. THOMAS W. KIPLE

Date

Daytime Phone #

4-10-00 727-867-1111

CR2E034 (9/99)