

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90014 028 \*\*\*150.00

DOCUMENT # P97000015508

1. Entity Name

TC PROPERTIES OF TAMPA, INC.

Principal Place of Business

5902 E 122 AVE  
TAMPA FL 33617  
US

Mailing Address

POB 290694  
TAMPA FL 66387  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 290694

Suite, Apt. #, etc.

City & State

TAMPA

Zip

FL

Country

33687



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3432731

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

COLBY, CHAD  
1533 SHERWOOD FOREST DR  
TAMPA FL 33647

Name

CHAD COLBY

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

5202 PRIAR TUCK LT.

City

TAMPA

FL

Zip Code

33647

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)

4/10/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COLBY, CHAD E  
CITY-ST-ZIP 15333 SHERWOOD FOREST DR  
TAMPA FL 33647

TITLE ☒ Change ☐ Addition  
NAME 5202 PRIAR TUCK CT  
STREET ADDRESS TAMPA, FL 33647  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TATONE, ETTORINO M  
CITY-ST-ZIP 50 FENNYROSE CRESCENT  
WOODBIDGE, ONTARIO CANADA L4 17B3

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

813225-8270

Daytime Phone #

CR2E034 (10/00)