

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000105963**

1. Entity Name

TAMPA STADIUM SUITE, INC.

Principal Place of Business

**611 WEST BAY STREET
TAMPA FL 33606**

Mailing Address

**611 WEST BAY STREET
TAMPA FL 33606**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3490446**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CUSTARD, GALEN
611 WEST BAY STREET
TAMPA FL 33606**

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHIMBERG, MANDELL	
STREET ADDRESS	611 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CROSS, GLEN E	
STREET ADDRESS	611 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIMBERG, JAMES H	
STREET ADDRESS	611 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SCHWARTZ, LARRY	
STREET ADDRESS	11540 US HWY 92ND EAST	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CUSTARD, GALEN	
STREET ADDRESS	611 W BAY ST	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MURPHY, KATHY	
STREET ADDRESS	611 W BAY ST	
CITY-ST-ZIP	TAMPA FL 33606	

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	

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

Date

Daytime Phone #

01/10/2001

8136720608

CR2E034 (10/00)

0340260

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90045 010 ***150.00



DO NOT WRITE IN THIS SPACE