

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000072402**

1. Entity Name

TIDES RECREATION CORP.**FILED****May 18, 2000 8:00 am**
Secretary of State

05-18-2000 90293 047 ***150.00

Principal Place of Business

Mailing Address

**601 BAYSHORE BLVD. SUITE 960
TAMPA FL 33606****601 BAYSHORE BLVD. SUITE 960
TAMPA FL 33606-2761**

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

59-3529541Applied For
Not Applicable5. 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****LITTLE, THOMAS M
201 N FRANKLIN ST
TAMPA FL 33602**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	STARR, LINDA	601 BAYSHORE BLVD, SUITE 960	TAMPA FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	HEINBERG, JAE	601 BAYSHORE BLVD, SUITE 960	TAMPA FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	KIRKBRIDE, BONNIE	601 BAYSHORE BLVD, SUITE 960	TAMPA FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAE HEINBERG**4/26/00**

Date

813-251-4868

Daytime Phone #

CR2E034 (9/99)