

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074247

1. Entity Name

TAMPA COMMUNITY REDEVELOPMENT CORPORATION

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90146 041 \*\*\*550.00

Principal Place of Business

405 VAN REED MANOR DRIVE  
 BRANDON FL 33511

Mailing Address

405 VAN REED MANOR DRIVE  
 BRANDON FL 33511

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3529624

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KOUDELA, LYNNE P  
 405 VAN REED MANOR DRIVE  
 BRANDON FL 33511

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 VP  
 NAME PRUSAK, SHIRLEY  
 STREET ADDRESS 1830 NEEDLE PALM DR  
 CITY-ST-ZIP EDGEWATER FL 32132 ☐ Delete

TITLE ST  
 NAME JOHNSTON, KAREN  
 STREET ADDRESS 1850 NEEDLE PLM DR  
 CITY-ST-ZIP EDGEWATER FL 32132 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T  
 NAME Raphael M. Comunale  
 STREET ADDRESS 405 VAN REED MANOR DR.  
 CITY-ST-ZIP Brandon, FL 33511 ☐ Change ☒ Addition

TITLE S  
 NAME Kevin A. Koudele Jr.  
 STREET ADDRESS 405 VAN REED MANOR DR  
 CITY-ST-ZIP Brandon FL 33511 ☐ Change ☒ Addition

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-00 813-651-0715  
 Date Daytime Phone #

CR2E034 (5/00)