

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90214 018 ***158.75

04/10/36
 AV

DOCUMENT # P98000074247
1. Entity Name
TAMPA COMMUNITY REDEVELOPMENT CORPORATION

Principal Place of Business **Mailing Address**
405 VAN REED MANOR DRIVE **405 VAN REED MANOR DRIVE**
BRANDON FL 33511 **BRANDON FL 33511**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
405 Van Reed Manor Dr **405 Van Reed Manor Dr**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
Brandon FL **Brandon FL**
City & State **City & State**
33511
Zip **Country** **Zip** **Country**
USA. **33511** **USA.**

4. FEI Number **Applied For**
59-3529624 **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**
KOUDELA, LYNNE P **Name**
405 VAN REED MANOR DRIVE **Street Address (P.O. Box Number is Not Acceptable)**
BRANDON FL 33511 **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. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRUSAK, SHIRLEY 1830 NEEDLE PALM DR EDGEWATER FL 32132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Koudela, Christopher S. 405 Van Reed Manor Dr Brandon, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COMUNALE, RAPHAEL M 405 VAN REED MANOR DR BRANDON FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOUDELA, KEVIN A JR 405 VAN REED MANOR DR BRANDON FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **4-22-02** **813-267-6463**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)