

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090043

1. Entity Name

TIO OF TAMPA BAY, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90007 018 \*\*\*150.00

Principal Place of Business

Mailing Address

P O BOX 1283  
INDIAN ROCKS BEACH FL 33785-1283

P O BOX 1283  
INDIAN ROCKS BEACH FL 33785-1283

2. Principal Place of Business

3111 W. Dr. ML King Blvd.

3. Mailing Address

3111 W. Dr. ML King Blvd.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEI Number

59-3538837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOOMEY, DONALD L  
13681 CROFT DRIVE SOUTH  
LARGO FL 33774

7. Name and Address of New Registered Agent

Name Richard B. Hadlow

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

220 South Franklin St.

City

Tampa

FL

Zip Code  
33602

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

TITLE **D** ☐ Delete  
NAME **TOOMEY, DONALD L**  
STREET ADDRESS **13681 CROFT DRIVE SOUTH**  
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☒ Delete  
NAME **FOSTER, MICHAEL J**  
STREET ADDRESS **3959 RAIN TREE CIRCLE**  
CITY-ST-ZIP **UNIONTOWN OH 44685**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S/D** ☒ Change ☐ Addition  
NAME **Toomey, Donald L.**  
STREET ADDRESS **3111 W. Dr. ML King Blvd. Ste. 100**  
CITY-ST-ZIP **Tampa, FL 33607**

TITLE **C/D** ☐ Change ☒ Addition  
NAME **Johnson, Phillip E.**  
STREET ADDRESS **3111 W. Dr. ML King Blvd. Ste. 100**  
CITY-ST-ZIP **Tampa, FL 33607**

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

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

TITLE ☐ Change ☐ Addition  
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 all other like empowered.

SIGNATURE:

Donald L. Toomey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/00 813-639-1899  
Date Daytime Phone #

CR2E034 19/99