

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S54351

1. Entity Name

TAM BAY DEVELOPERS, INC.

Principal Place of Business

P.O. BOX 3516  
SEMINOLE FL 33772

Mailing Address

P.O. BOX 3516  
SEMINOLE FL 33775-3516

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEATTY, BEA  
12588 CAPRI CIR N.  
TREASURE ISLAND FL 33706

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 VP  
NAME BEATTY, STEVEN  
STREET ADDRESS ONE MANGROVE POINTE  
CITY-ST-ZIP ST PETERSBURG BCH FL ☐ Delete

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

TITLE SVP  
NAME LEACH, GERALD J  
STREET ADDRESS 13947 103RD AVE N  
CITY-ST-ZIP LARGO FL ☐ Delete

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

TITLE  
NAME BEATTY, FRANCESCA  
STREET ADDRESS ONE MANGROVE POINTE  
CITY-ST-ZIP ST PETERSBURG BCH FL ☐ Delete

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

TITLE P  
NAME BEATTY, BEA  
STREET ADDRESS 12588 CAPRI CIR N  
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE S  
NAME Leslie R. Biegelsen  
STREET ADDRESS 12102 Clear Harbor Dr  
CITY-ST-ZIP Tampa, FL 33626 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90072 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3070809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (9/99)

3-23-00

727-363-3626