

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90002 026 \*\*\*150.00

**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 33772

2. Principal Place of Business

12588 Capri Cir N

Suite, Apt. #, etc.

Treasure Island, FL

City & State

Zip

33706

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33775

Country



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

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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, 2001 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 VP ☐ Delete  
 NAME BEATTY, STEVEN  
 STREET ADDRESS ONE MANGROVE POINTE  
 CITY-ST-ZIP ST PETERSBURG BCH FL

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

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

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

TITLE S ☐ Delete  
 NAME BIEGELSEN, LESLIE R  
 STREET ADDRESS 12102 CLEAR HARBOR DRIVE  
 CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
 NAME Beatty, Edward  
 STREET ADDRESS 1261 Alexander Way  
 CITY-ST-ZIP Clearwater, FL 33756

TITLE P/D ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V/S ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-01 727-363-3626

CR2E034 (10/00)