

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S65976

1. Entity Name

TAMPA BAY SKATING ACADEMY, INC.

Principal Place of Business

251 LAKEVIEW DRIVE
OLDSMAR FL 34677

Mailing Address

251 LAKEVIEW DRIVE
OLDSMAR FL 34677-4593

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2623 MCCORMICK DRIVE

Suite, Apt. #, etc.

101

City & State

CLEARWATER, FLORIDA

Zip

33759

Country

USA

6. Name and Address of Current Registered Agent

KING, KENNETH L
2623 MCCORMICK DR SUITE 101
CLEARWATER FL 34619

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KING, KENNETH L.
2623 MCCORMICK DR SUITE 101
CLEARWATER FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
ROACH, DOUGLAS D.
2623 MCCORMICK DR SUITE 101
CLEARWATER FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
GRAS, JOSEPH P., JR.
2623 MCCORMICK DR SUITE 101
CLEARWATER FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
YOUNG, PATRICIA J.
2623 MCCORMICK DR SUITE 101
CLEARWATER FL 33759 ☒ 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
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

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:

Kenneth L. King KENNETH L. KING, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000 721-791-1247

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90068 006 ***150.00

CR2E034 (9/99)