

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18139

1. Entity Name
TAMPA SUMMERS DAY CAMP, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90020 031 ***150.00

Principal Place of Business

5509 RAWLS RD
TAMPA FL 33625

Mailing Address

5509 RAWLS RD
TAMPA FL 33625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3113359

Applied For

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

REYNOLDS, STEPHEN H.
111 MADISON ST
23RD FLOOR
TAMPA FL 33602

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
COWART, PATRICIA H
5509 RAWLS RD
TAMPA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
COWART, PATRICIA H
5509 RAWLS RD
TAMPA FL ☐ Delete

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

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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

7/10/00 813 963-6207
813 258-8512

CR2E034 (5/00)



AD0608023 Attachment
V18139
TAMPA SUMMERS
DAY CAMP

THE GREATEST VARIETY OF SUMMER
FUN IN THE BAY AREA!

July 8, 2000

To Whom It May Concern:

Because I never received
a 1st UBI notice, I am paying
the fee now. By checking my
record now, you will see that
I have always paid this fee
promptly in past years, and I
am hopeful that you will accept
the \$150 payment. (I not impose
the \$400 penalty on my small
business.)

Thank you.

Sincerely,

Patti Cowart