

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0057104

DOCUMENT # 744860

1. Entity Name

THE TAMPA RACQUET CLUB ASSOCIATION, INC.

04-25-2001 90097 027 *****70.00

Principal Place of Business

7628 N 56TH ST
 SUITE 8
 TAMPA FL 33617
 US

Mailing Address

7628 N 56TH STREET
 SUITE 8
 TAMPA FL 33617
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16105 N. FLORIDA

3. Mailing Address

16105 N. FLORIDA

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

LUTZ FL

City & State

LUTZ FL

4. FEI Number

59-1879087

Applied For

Not Applicable

Zip

33549

Country

Zip

33549

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIVEY, WILLIAM C
 C/O WISE PROPERTY MGMT
 7628 N 56TH ST., SUITE 8
 TAMPA FL 33617

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 16105 N. FLORIDA
 SUITE A
 City LUTZ FL Zip Code 33549

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURPHY, TIM	
STREET ADDRESS	5820 N CHURCH AVE #146	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ECKARD, BRUCE	
STREET ADDRESS	4029 PRIORY CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALESBY, JACK	
STREET ADDRESS	5820 N CHURCH AVE 310	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COMBS, BILLY W	
STREET ADDRESS	920 S. ROME AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ABDALA, JOHN	
STREET ADDRESS	5820 N CHURCH AVE #222	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGEE, WILLIAM	
STREET ADDRESS	4644 WESTFORD CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK CESARE	
STREET ADDRESS	5820 N. CHURCH #317	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM ROBARDS	
STREET ADDRESS	5820 N. CHURCH #138	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID W HEATON	
STREET ADDRESS	5820 N. CHURCH #124	
CITY-ST-ZIP	TAMPA FL 33614-5640	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

4-6-01 8135718-0998

CR2E037 (10/00)