2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N1188 1. Entity Name TAMPA BREAKFAST SERTOMA CL	08-25-2003 90				
Principal Place of Business	Mailing Address				
400 NO ASHLEY DRIVE TAMPA FL 33602 US	POST OFFICE BOX 2658 TAMPA FL 33601 US				
2. Principal Place of Business 5100 W. Lemon 5	3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	 	CHECK HERE IF		
City & State Tampa F1	City & State	City & State			
Zip Country 33609 US: A	Zip	Country	5. Certificate of Status Desired		
6. Name and Address of Cu	7. Name and Address of New Reg				
BORZELL, TOM C/O BANK OF AMERICA		Street Addr	ward Malone ess (P.O. Box Number is Not Acceptable) University of the man		

Aug 25, 2003 8:00 am § Secretary of State

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US	~	US			/ 	Bil 11881 (518) (518 1617 118)	RICIE BIBIT BEBIT BIB		
2. Principal Place of Business 5100 W. Lemon 5t.		3. Mailing Address							
		Suite, Apt. #, etc.	etc.		CHECK HERE IF MAKING CHANGES				
		· City & State	State		4. FEI Number 59-2369385			oplied For ot Applicable	
			Country	,	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					
		<u> </u>	N	lame	~~~ W~	ر مر ما	001.0		
BORZELL	, TOM		S	Street Address (P.O. Rox Number is Not Acceptable)					
C/O BANK OF AMERICA				Street Address (P.O. Box Number is Not Acceptable)					
400 N AS	SHLEY DR		ĺ	Juite	209				
TAMPA FL 33602			l c		. 20.		Zip Cod	e .	
				Jamp	<u>م</u>	<u>, </u>	- 330	,2 4	
8. The above	named entity submits this statement fo	the purpose of changing its	registered o	ffice or register	ed agent, or both, in	the State of Florida. I a	m familiar with,	and accept	
the obligat	tions of registered agent.	ward R.M	حداه/۱۰				1		
ť	Edward	& K W/s	Vos-			(Q	18/03	:	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if emplicable. (NOTE	: Registered Age	ant signature required	when reinstating)	DAT		— —	
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 9. Election Campaign F Trust Fund Contribution				ncing	\$5.00 May Be Added to Fees	Make Che Florida Dep	eck Payable artment of S		
10.	. OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	110	
TITLE 1	STDC	Delete	TITLE	-ات	BITMAN	President man,	Change	☐ Addition	
NAME	HASARA, GERALD	7 3	NAME	1 20	ale Hoff	man	_		
STREET ADDRESS	4220 WINDTREE DR	•	STREET AD	DRESS 7	306 Brish	twater o	aks w	^	
CITY-ST-ZIP	TAMPA FL 33624	•	CITY-ST-	ZIP 7	anna F	1 336Z	5		
TITLE	D	☐ Delete	TITLE				Change	Addition	
NAME	BORZELL, TOM		NAME	- i -		5L	, ,	ĺ	
STREET ADDRESS	7402 N 50TH ST, #901		STREET AD		10 5. Elk				
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-	IP Ia	mpa, FI	33611			
TITLE	SD	Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	WILLS, JULIE		NAME		-				
STREET ADDRESS	7402 N 56TH ST, STE 901		STREET AD						
CITY-ST-ZIP	TAMPA FL 33617	······	CITY-ST-						
TITLE		☐ Delete	TITLE	1,100	sazaren	A . Y	Change	Addition	
NAME			NAME	Ed	eward 1	WIGNE -			
STREET ADDRESS			STREET AD	[.	_	mon #209			
CITY-ST-ZIP			CITY-ST-Z	" 7 ₂	anpa, Fi	<u>1 33609</u>			
TITLE		Delete	TITLE		, ,		Change	☐ Addition	
NAME			NAME					{	
STREET ADDRESS			STREET AD	DRESS					

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

TITLE

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Addition