

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90097 039 ****61.25

DOCUMENT # N18692
 1. Entity Name
PURDUE CLUB OF TAMPA BAY, INC.

| | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Principal Place of Business C/O EDWARD W. GERECKE 3923 W. SAN JUAN ST. TAMPA FL 33629 | Mailing Address C/O EDWARD W. GERECKE 3923 W. SAN JUAN ST. TAMPA FL 33629 |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-2265288 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent.
ROUSH, EVE M
2403 FINLANDIA LN #21
CLEARWATER FL 34623

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---------------------------------|----------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---------------------------------|----------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|

10. OFFICERS AND DIRECTORS

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CUMMINGS, VERN 1001 STARKEY RD LARGO FL 33771 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GERECKE, EDWARD W. 3923 W SAN JUAN ST TAMPA FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROUSH, EVA M. 2403 FINLANDIA LANE, # 21 CLEARWATER FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JAMES, HOWARD 2061 CITRUS HILL LN PALM HARBOR FL 34683 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BEACH, BILL 652 SUGAR PALM LARGO FL 33778 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KONRAD, BILL 1351 GULF BLVD #219 CLEARWATER FL 33763 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D NICHOLAS FRITSCH 1310 GULF BLVD #8D CLEARWATER, FL 33767 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| P RANDALL BASCOM 7720 JODI LYNN DR TAMPA, FL 33605 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D GERALD GOEN 1104 CLIPPER WAY TARPON SPRINGS, FL 34689 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: Randall W. Bascom **Randall Bascom** 2/6/02 813-249-6534

CR2E037 (9/01)