


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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90180 044 ****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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

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

4. FEI Number **59-2265288** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name **Randall Bascom**
Street Address (P.O. Box Number is Not Acceptable)
7720 Jodi Lynn Dr
City **Tampa** FL Zip Code **33615**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Randall W Bascom* **Randall W Bascom** **2/4/03**
Signature, typed or printed name of registered agent and title if applicable. (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CUMMINGS, VERN	
STREET ADDRESS	1001 STARKEY RD	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GERECKE, EDWARD W.	
STREET ADDRESS	1310 GULF BLVD #8D	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROUSH, EVA M.	
STREET ADDRESS	2403 FINLANDIA LANE, # 21	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BASCOM, RANDALL	
STREET ADDRESS	7720 JODI LYNN DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEACH, BILL	
STREET ADDRESS	652 SUGAR PALM	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOEN, GERALD	
STREET ADDRESS	1104 CLIPPER WAY	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nicholas Fritsch	
STREET ADDRESS	1310 Gulf Blvd #8D	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **2/27/03 81523-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)