

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29811

1. Entity Name

TAMPA BAY COIN CLUB, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90023 033 ****61.25

Principal Place of Business	Mailing Address
C/O METLIFE 4400 BOY SCOUT BLVD TAMPA FL 33607 US	% 9823 ASHLEY DR. SEMINOLE FL 34642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business AMERICAN LEGION POST #5	3. Mailing Address
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Suite, Apt. #, etc. 3810 W. KENNEDY BLVD.	Suite, Apt. #, etc.
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City & State TAMPA, FLORIDA	City & State
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4. FEI Number 59-2953351	Applied For Not Applicable
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Zip 33609	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
FEE, RICHARD D. 9823 ASHLEY DR. SEMINOLE FL 33772

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D ERIKSEN, ERIK 18132 GUNN HWY ODESSA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUTY, JOHN 12914 LURIDA RD RIVERVIEW FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATZMAN, ARTHUR 2401 BAYSHORE BLVD APT 804 TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNO, ALBERT 4205 BAY AVE TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMURRAY, ROGER C. 3404 ROSEVILLE CT TAMPA FL 33618 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, MS. D. C. 3001 58TH AVE S. #1013 ST. PETERSBURG FL 33712 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM MAPSTONE 3813 SADDLE RIDGE ST. TAMPA, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: ROGER C. MCMURREY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 960-2333

Date

Daytime Phone #

CR2E037 (9/99)