

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-21-2002 90025 007 ****61.25

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DOCUMENT # N29811

1. Entity Name

TAMPA BAY COIN CLUB, INC.

Principal Place of Business

Mailing Address

**AMERICAN LEGION POST #5
 3810 W KENNEDY BLVD
 TAMPA FL 33609
 US**

~~9823 ASHLEY DR.
 SEMINOLE FL 33742~~

2. Principal Place of Business

3. Mailing Address

4417 MERRICK RUN LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
VALRICO, FL

4. FEI Number

59-2953351

Applied For

Not Applicable

Zip

Country

Zip

33594

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

**FEE, RICHARD D.
~~9823 ASHLEY DR.
 SEMINOLE FL 33772~~**

Name

Street Address (P.O. Box Number is Not Acceptable)
4417 MERRICK RUN LN

City

VALRICO

FL

Zip Code

33594

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

Richard D. Fee

JAN 09, 2002

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MAPSTONE, WILLIAM	
STREET ADDRESS	3813 SADDLE RIDGE ST	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, WILLIAM	
STREET ADDRESS	5703 MYER STREET	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GARNO, ALBERT	
STREET ADDRESS	4205 BAY STREET	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	SARNATAR, RALPH	
STREET ADDRESS	P.O. BOX 261623	
CITY-ST-ZIP	TAMPA FL 33685	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCMURREY, ROGER C	
STREET ADDRESS	3404 ROSEVILLE CT	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FILSON, MRS. D.J.	
STREET ADDRESS	4048 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33609	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD D. FEE	
STREET ADDRESS	4417 MERRICK RUN LN	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS M. KINNEY, SR	
STREET ADDRESS	7013 FOUNTAIN AVE	
CITY-ST-ZIP	TAMPA, FL 33630	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARNATARO, RALPH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D.C. WHITE	
STREET ADDRESS	2724 - 66TH TERRACE S.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE KLEIS	
STREET ADDRESS	105 S. GOMEZ AVE	
CITY-ST-ZIP	TAMPA, FL 33609	

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: Richard D. Fee

JAN 09, 2002 (813) 689-5915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)