

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90486 017 \*\*\*\*61.25

**DOCUMENT # N33996**

1. Entity Name  
**TAMPA CRUIS-A-CADE CLUB, INC.**

Principal Place of Business Mailing Address  
**TAMPA CRUIS-A-CADE CLUB** **PO BOX 7686**  
**700 W. ROSS AVE.** **TAMPA FL 33673**  
**TAMPA FL 33603** **US**  
**US**

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

Zip Country Zip Country  
 4. FEI Number **59-6176972** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SASSAMAN, DOUGLAS**  
**1360 80TH AVE NO**  
**SAINT PETERSBURG FL 33702**

**7. Name and Address of New Registered Agent**

Name **WUNDER, RUTH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4659 BAY CREST DRIVE**  
 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.

SIGNATURE *Ruth Wunder* **Ruth Wunder, Treasurer** **June 10, 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**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, ROGER</b>	
STREET ADDRESS	<b>2124 MARIANNA ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33621</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHROEDER, JOE</b>	
STREET ADDRESS	<b>5101 RIVER BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33603</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BERGE, SANDY</b>	
STREET ADDRESS	<b>10712 DOWRY AV</b>	
CITY-ST-ZIP	<b>TAMPA FL 33616</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SASSAMAN, DOUGLAS E</b>	
STREET ADDRESS	<b>1360 80TH AVE. NO</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>O'CONNER, LAURA</b>	
STREET ADDRESS	<b>5920 DEXTER AV</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EVERSON, HARRY</b>	
STREET ADDRESS	<b>214 ISLAND WATERWAY</b>	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL, JON</b>	
STREET ADDRESS	<b>6101 COTTAGE GROVE CIRCLE</b>	
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, DEANNA</b>	
STREET ADDRESS	<b>3322 W. BRADDOCK ST.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGAN, SHARON</b>	
STREET ADDRESS	<b>2901 W. BURKE ST.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33614</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WUNDER, RUTH</b>	
STREET ADDRESS	<b>4659 BAY CREST DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33615</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL, CLAUDIA</b>	
STREET ADDRESS	<b>6101 COTTAGE GROVE CIRCLE</b>	
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUQUE, FRANK</b>	
STREET ADDRESS	<b>11001 UNDERWOOD PLACE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33624</b>	

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: *Ruth Wunder* **SIGNATURE REQUIRED** **Wunder, Treasurer** **6/10/02** **813 889-7765**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)