

DOCUMENT # N35830

1. Entity Name

GTE CLASSIC ASSOCIATION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-11-2000 90222 016 ****61.25

Principal Place of Business 5300 WEST LUTZ LAKE FERN LUTZ FL 33549	Mailing Address %CHARLES BAGBY 201 E. KENNEDY BLVD., SUITE 1200 TAMPA FL 33602-5827
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DO NOT WRITE IN THIS SPACE

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 59-3151363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAGBY, CHARLES 201 E. KENNEDY BLVD. SUITE 1200 TAMPA FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP BENNETT, JAMES P.O. BOX 110, FLTC 0605 N/A TAMPA FL 33601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SKIP DAVIS 738 DOWNS AVENUE TAMPA, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV REEVES, ALLEN 11333 N FLORIDA AVE TAMPA FL 33612	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RON DREW 201 N. FRANKLIN, GLTC 0202 TAMPA, FL 33601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAGBY, CHARLES 201 E. KENNEDY BLVD., SUITE 1200 TAMPA FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN FERRELL P.O. BOX 110, FLTC 0100 TAMPA, FL 33601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CASTOR, BETTY 4202 E. FOWLER AVE TAMPA FL 33620	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BILL GLENN 700 HIDDEN RIDGE, HQW 02661 IRVING, TX 75038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGWALL, RICH P O BOX 110, FLTC N/A TAMPA FL 33601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MIKE HARTMAN 6550 W. HILLSBOROUGH AVE TAMPA, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOBIE, MIKE P.O. BOX 110, FLTC N/A TAMPA FL 33601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	<input checked="" 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: Charles L. Bagby **CHARLES L. BAGBY** TREASURER 4/3/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

GTE CLASSIC ASSOCIATION, INC.
2000 UNIFORM BUSINESS REPORT
DOCUMENT # N35830

300291

11 Additions/Changes to Officers and Directors in 10

Title	VD	Addition
Name	Cindy Johnson	
Street Address	P.O. Box 42025	
City - St - Zip	St. Petersburg, FL 33742-4025	
Title	VCD	Addition
Name	Paul King	
Street Address	12271 97th Avenue North	
City - St - Zip	Seminole, FL 33772	
Title	VCD	Addition
Name	Mike McIver	
Street Address	7517 Oakvista Circle	
City - St - Zip	Tampa, FL 33634	
Title	VD	Addition
Name	Fred Ridley	
Street Address	P.O. Box 3433	
City - St - Zip	Tampa, FL 33601	
Title	VD	Addition
Name	Kathy Stafford	
Street Address	4202 East Fowler Adm 245	
City - St - Zip	Tampa, FL 33620	

