

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005626

1. Entity Name

TAMPA COLLECTORS CLUB, INC.

Principal Place of Business

P O BOX 24831  
TAMPA FL 33623-4831

Mailing Address

P O BOX 24831  
TAMPA FL 33623-4831

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

59-6133906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROGG, SHELDON  
9225 RAINBOW LANE  
PORT RICHEY FL 34668

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

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 P ☐ Delete  
NAME ROGG, HAROLD  
STREET ADDRESS 9228 RAINBOW LANE  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE DV ☐ Delete  
NAME ARTZE, JOSEPH  
STREET ADDRESS 4612 N LINCOLN AVE  
CITY-ST-ZIP TAMPA FL 33614

TITLE DS ☐ Delete  
NAME LAVIGNE, WILLIAM  
STREET ADDRESS 9010 ARNDALE CIRCLE  
CITY-ST-ZIP TAMPA FL 33615

TITLE DT ☐ Delete  
NAME ROGG, SHELDON  
STREET ADDRESS 9225 RAINBOW LN  
CITY-ST-ZIP PORT RICHEY FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2000 (727) 848-7697

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE