

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90095 033 ****61.25

DOCUMENT # 738007

1. Entity Name

THE TOURIST CLUB OF ZEPHYRHILLS, INC.

Principal Place of Business

Mailing Address

5216 SEVENTH STREET
 ZEPHYRHILLS FL 33540

5216 SEVENTH STREET
 ZEPHYRHILLS FL 33540-5049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1749373

Applied For

Not Applicable

Zip

Country

Zip

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

THOMPSON, HENRY
 34843 CHELMSFORD LN
 ZEPHYRHILLS FL 33541

Name William Stearns

Street Address (P.O. Box Number is Not Acceptable)

37734 Hart Circle

Zephyrhills, Florida

33540

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

William Stearns

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 1 2/00

FILE NOW:
FEES 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	P	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, HENRY	
STREET ADDRESS	34843 CHELMSFORD LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COON, AVIS	
STREET ADDRESS	5244 JO ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERSHEY, CLYDE	
STREET ADDRESS	3718 CASTLE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRELL, WALLACE	
STREET ADDRESS	7290 EL-MYERS ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	COON, DEWEY	
STREET ADDRESS	5244 JO ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEGAN, PAUL	
STREET ADDRESS	6717 HOLLY CT	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Stearns	
STREET ADDRESS	37734 Hart Circle	
CITY-ST-ZIP	Zephyrhills, Fl. 33540	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virgil Winebarger	
STREET ADDRESS	38425 North Avenue	
CITY-ST-ZIP	Zephyrhills, Fl. 33540	

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:

William Stearns William Stearns, P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)