

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 713451**

1. Entity Name

**TAMPA BAY AUBURN CLUB, INC.****FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90039 021 \*\*\*\*61.25

Principal Place of Business

**13324 LAKE GEORGE PLACE  
TAMPA FL 33618  
US**

Mailing Address

**P O BOX 271057  
TAMPA FL 33688-1057  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **71-3451392**

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

**DYAL JR, LUCIUS M  
1400, 501 E KENNEDY BLVD  
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

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 **D** ☐ Delete  
NAME **ADCOCK, MIKE**  
STREET ADDRESS **107 E. FOWLER AVE.**  
CITY-ST-ZIP **TAMPA FL**TITLE **D** ☐ Delete  
NAME **JACOBS, JOHN**  
STREET ADDRESS **13905-A BARDMOOR PLACE**  
CITY-ST-ZIP **TAMPA FL 33624**TITLE **V** ☐ Delete  
NAME **JIM PERDUE**  
STREET ADDRESS **3046 SAMARA DR.**  
CITY-ST-ZIP **TAMPA FL 33618**TITLE **S** ☐ Delete  
NAME **FOWLER, WAYNE**  
STREET ADDRESS **13324 LAKE GEORGE PLACE**  
CITY-ST-ZIP **TAMPA FL**TITLE **T** ☐ Delete  
NAME **CALDWELL, RHONDA**  
STREET ADDRESS **11645 HIDDEN HOLLOW CIR.**  
CITY-ST-ZIP **TAMPA FL**TITLE **D** ☐ Delete  
NAME **WALL, HINDMAN**  
STREET ADDRESS **12910 BRUSHY PINE PL**  
CITY-ST-ZIP **TAMPA FL**

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

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

Date

Daytime Phone #

CR2E037 (9/01)