

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90010 020 ****70.00

007176

DOCUMENT # 738007

1. Entity Name

THE TOURIST CLUB OF ZEPHYRHILLS, INC.

Principal Place of Business

**5216 SEVENTH STREET
 ZEPHYRHILLS FL 33540**

Mailing Address

**5216 SEVENTH STREET
 ZEPHYRHILLS FL 33540**

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

59-1749373

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BECK, ROBERT
 1534 PADDOCK LN
 LAKELAND FL 33815**

7. Name and Address of New Registered Agent

Name

Russ Loomis

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

6103 PEACH St.

City

Zephyrhills

FL

Zip Code

33540

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	<input checked="" type="checkbox"/> Delete
NAME	BECK, ROBERT	
STREET ADDRESS	1534 PADDOCK LN	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUBBART, ROBERTA	
STREET ADDRESS	7116 EL TORRO 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 checked="" 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	REISHLING, BRUCE	
STREET ADDRESS	3852 TALL OAKS LN	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINEBARGER, VIRGIL	
STREET ADDRESS	38425 N AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russ Loomis	
STREET ADDRESS	6103 Peach ST	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Agnes Gardner	
STREET ADDRESS	6618 Aspen Ct Driftwood	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly Bowser	
STREET ADDRESS	3648 Longford Ln	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Roberts	
STREET ADDRESS	6303 23 rd - St	
CITY-ST-ZIP	Zephyrhills, FL 33539	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

Date

Daytime Phone #

CR2E037 (9/01)