

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700626

1. Entity Name

MERRYMAKERS CLUB OF TAMPA, FLORIDA, INCORPORATED

Principal Place of Business

124 DANUBE AVE
TAMPA FL 33606

Mailing Address

124 DANUBE AVE
TAMPA FL 33606

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

59-0357533

Applied For

Not Applicable

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

RYWANT, MICHAEL S.
4014 PALMIRA
TAMPA FL 33609

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BURNETT, ERNEST J
STREET ADDRESS 3902 W CORONA STREET
CITY-ST-ZIP TAMPA FL 33629 ☒ Delete

TITLE PD
NAME Ferrell, Marshall
STREET ADDRESS 3321 Palmira Ave.
CITY-ST-ZIP Tampa, FL 33629 ☐ Change ☐ Addition

TITLE VPD
NAME FERRELL, MARSHALL
STREET ADDRESS 5300 BAYSHORE BLVD, C5
CITY-ST-ZIP TAMPA FL 33611 ☒ Delete

TITLE VPD
NAME Hutchinson, Charles
STREET ADDRESS 3220 San Carlos
CITY-ST-ZIP Tampa, FL 33629 ☐ Change ☐ Addition

TITLE SD
NAME HUTCHINSON, CHARLES
STREET ADDRESS 3220 SAN CARLOS STREET
CITY-ST-ZIP TAMPA FL 33629 ☒ Delete

TITLE SD
NAME Warren, Shamus
STREET ADDRESS 2814 W. Parkland Blvd.
CITY-ST-ZIP Tampa, FL 33609 ☐ Change ☐ Addition

TITLE T
NAME BURNETT, TODD
STREET ADDRESS 3702 W PALMIRA AVENUE
CITY-ST-ZIP TAMPA FL 33629 ☒ Delete

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

TITLE ASD
NAME MCNULTY, BRIAN
STREET ADDRESS 3703 GRIFLOW STREET
CITY-ST-ZIP TAMPA FL 33629 ☒ Delete

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

TITLE AT
NAME SHAMUS, WARREN
STREET ADDRESS 2814 W PARKLAND BLVD
CITY-ST-ZIP TAMPA FL 33609 ☒ Delete

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 261-5162

Date Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE