

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711332

1. Entity Name

TAMPA EAST SERTOMA CLUB, INC.

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90372 017 ****70.00

Principal Place of Business

13903 SEAFORTH MANOR WAY
TAMPA FL 33613
US

Mailing Address

13903 SEAFORTH MANOR WAY
TAMPA FL 33613
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6213372

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

JOHNSON, SIGFRID N.
13903 SEAFORTH MANOR WAY
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name SAME

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 CD ☒ Delete
NAME STILLMAN, DENNIS I
STREET ADDRESS 15825 DAWSON RIDGE DRIVE
CITY-ST-ZIP TAMPA FL 33647

TITLE SD ☐ Delete
NAME BROWN, CARL
STREET ADDRESS 2002 CURRY ROAD
CITY-ST-ZIP LUTZ FL 33549

TITLE TD ☐ Delete
NAME SIGFRID N. JOHNSON
STREET ADDRESS 13903 SEAFORTH MANOR WAY
CITY-ST-ZIP TAMPA FL 33613

TITLE PD ☐ Delete
NAME CORNELIUS, MIKE
STREET ADDRESS 6419 GOMEZ AVE
CITY-ST-ZIP TAMPA FL 33614

TITLE VPD ☒ Delete
NAME DISOTELL, DICK
STREET ADDRESS 4737 DOLPHIN CAY LANE #206
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Tim McMURRY
STREET ADDRESS 8019 PAULSON LANE
CITY-ST-ZIP TAMPA FL 33617-7621

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

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

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

TITLE V D ☐ Change ☒ Addition
NAME W C SANDERS
STREET ADDRESS 2601 N VALRICO ROAD
CITY-ST-ZIP SEFFNER FL 33584

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 employees.

SIGNATURE: SIGFRID N. JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2002 (813) 968-1876
Date Daytime Phone #

CR2E037 (9/01)