NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2004 8:00 am
Secretary of State
05-20-2004 90004 007 ****70.00

DOCUMENT # 711332

1. Entity Name
TAMPA EAST SERTOMA CLUB, INC

DO NOT WRITE IN THIS SPACE

44045632

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13903 SEAFORTH MANOR WAY	13903 SEAFORTH MANOR WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33613-1926 Country: USA	Zip: 33613-1926 Country: USA

4. FEI Number: 59-6213372 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SIGFRID N. JOHNSON

Street Address (P.O. Box Number is Not Acceptable): 13903 SEAFORTH MANOR WAY

City: TAMPA FL Zip Code: 33613

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C/D
NAME	JIM WEISS
STREET ADDRESS	11721 PHONIX CIRCLE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	P/D
NAME	JIM WAGNER
STREET ADDRESS	11723 PHOENIX CIRCLE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	S/D
NAME	STEVE SHEPLER
STREET ADDRESS	5114 VINSON DRIVE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	T/D
NAME	SIGFRID N. JOHNSON
STREET ADDRESS	13903 SEAFORTH MANOR WAY
CITY-ST-ZIP	TAMPA, FL 33613-1926
TITLE	V/D
NAME	JIM BRANSFORD
STREET ADDRESS	810 BEN LOMOND DR
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	
NAME	
STREET ADDRESS	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] / SIGFRID N JOHNSON 5/14/2004 813 968-1876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #