

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729106

1. Entity Name

SERTOMA CLUB OF TAMPA, INC.

Principal Place of Business

2212 SWANN AVENUE
TAMPA FL 33606
US

Mailing Address

PO BOX 141
TAMPA FL 33601-0141
US

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

59-0933023

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

BAUMANN, PHILLIP A.
501 E KENNEDY BLVD
SUITE 800
TAMPA FL 33602

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 NAME STREET ADDRESS CITY-ST-ZIP	S COCK, GLEN 103 HICKORY CREEK DR BRANDON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DONNA 550 N REO ST, S300 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCK, GLEN 103 HICKORY CREEK BLVD BRANDON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULCAHY, CHRIS 1306 HICKORY CREEK BLVD BRANDON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB GAEDTKE, SCOTT 4304 BOY SCOTT RD TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIMMER, TERRY 5601 MARINER ST STE 200 TAMPA FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Director MARTHA A. BATTAN 5601 MARINER ST S-200 TAMPA FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Director JERRY FIRMIN 1000 W. KENNEDY BLVD TAMPA FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President SCOTT GAEDTKE 4304 BOY SCOTT RD TAMPA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA A. BATTAN 3-10-00 813-282-3400

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)