

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90042 023 ****61.25

DOCUMENT # 729106

1. Entity Name
SERTOMA CLUB OF TAMPA, INC.

Principal Place of Business Mailing Address
2212 SWANN AVENUE **PO BOX 141**
TAMPA FL 33606 **TAMPA FL 33601-0141**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-0933023 Not Applicable

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

6. Name and Address of Current Registered Agent
BAUMANN, PHILLIP A.
501 E KENNEDY BLVD
SUITE 800
TAMPA FL 33602

7. Name and Address of New Registered Agent
 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	Director MARtha A. Baitan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5601 MARINER St S-200 TAMPA FL 33609
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	Director JERRY FIRMIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 W. Kennedy Blvd TAMPA FL 33606
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	President Scott GAEDTKE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4304 Boy Scott Rd TAMPA
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

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]* **MARtha A. Baitan** 3-10-00 813-282-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)