

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738007

1. Entity Name

THE TOURIST CLUB OF ZEPHYRHILLS, INC.

Principal Place of Business

5216 SEVENTH STREET
ZEPHYRHILLS FL 33540

Mailing Address

5216 SEVENTH STREET
ZEPHYRHILLS FL 33540

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STEARNS, WILLIAM
37734 HART CIRCLE
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

Name
ROBERT BECK
Street Address (P.O. Box Number is Not Acceptable)
1534 PADDOCK LANE
City
LAKELAND FL Zip Code
33815

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 NAME STREET ADDRESS CITY-ST-ZIP	P STEARNS, WILLIAM 37734 HART CIRCLE ZEPHYRHILLS FL 33540	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COON, AVIS 5244 JO ST ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSHEY, CLYDE 3718 CASTLE DR ZEPHYRHILLS FL 33540	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRELL, WALLACE 7290 EL-MYERS ST ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COON, DEWEY 5244 JO ST ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINEBARGER, VIRGIL 38425 N AVE ZEPHYRHILLS FL 33540	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT BECK 1534 PADDOCK LANE LAKELAND, FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTA HUBBART 7116 EL TORRO ST ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE REISHLING 3852 TALL OAKS LANE ZEPHYRHILLS, FL 3354	<input type="checkbox"/> Change <input checked="" 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

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90086 009 *****70.00

644061



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)