

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740319

1. Entity Name

GREATER TAMPA JUNIOR GOLF ASSOCIATION, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90116 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

110 SOUTH LOCKMOOR AVENUE  
TEMPLE TERRACE FL 33617

110 SOUTH LOCKMOOR AVENUE  
TEMPLE TERRACE FL 33617-6332

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

59-1788848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

JESKE, PAUL T., ESQ.  
1904 EAST BUSCH BLVD.  
TAMPA FL 33612

## 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

TITLE	D	<input type="checkbox"/> Delete
NAME	JESKE, PAUL T., ESQ.	
STREET ADDRESS	3212 STONYBROOK LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HADDOCK, ED	
STREET ADDRESS	4604 SUMMERWIND COURT	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWOPE, KEITH	
STREET ADDRESS	5066 FOX HUNT DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, ROBERT	
STREET ADDRESS	205 W. BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CODE, BRIAN	
STREET ADDRESS	10029 ORANGE GROVE DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

Daytime Phone #

CR2E037 (9/99)