

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740319

1. Entity Name

GREATER TAMPA JUNIOR GOLF ASSOCIATION, INC.

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90010 025 ****61.25

Principal Place of Business

110 SOUTH LOCKMOOR AVENUE
 TEMPLE TERRACE FL 33617

Mailing Address

110 SOUTH LOCKMOOR AVENUE
 TEMPLE TERRACE FL 33617

LA

00000160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2701 W. BUSCH BLVD

3. Mailing Address

2701 W. BUSCH BLVD

Suite, Apt. #, etc.

SUITE 103

Suite, Apt. #, etc.

SUITE 103

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33618

Country

HILLS

Zip

33618

Country

HILLS

4. FEI Number

59-1788848

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

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
 After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

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\$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 checked="" type="checkbox"/> Delete
NAME	HADDOCK, ED	
STREET ADDRESS	4604 SUMMERWIND COURT	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SWOPE, KEITH	
STREET ADDRESS	5066 FOX HUNT DRIVE.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	D	<input checked="" 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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOBE, KAREN	
STREET ADDRESS	10029 ORANGE GROVE DR.	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBSON, THOMAS	
STREET ADDRESS	3409 W. FLETCHER AVE	
CITY-ST-ZIP	TAMPA, FL 33618	
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: SIGNATURE REQUIRED THOMAS A. HOBSON PRES. 09/12/01 813 269-2727

CR2E037 (5/01)