

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

04-30-2003 90077 025 *****61.25

DOCUMENT # 740319

1. Entity Name

GREATER TAMPA JUNIOR GOLF ASSOCIATION, INC.



Principal Place of Business

**2701 W BUSCH BLVD
SUITE 103
TAMPA FL 33618**

Mailing Address

**2701 W BUSCH BLVD
SUITE 103
TAMPA FL 33618**

55051430



☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **JESKE, PAUL T., ESQ.**
STREET ADDRESS **3212 STONYBROOK LANE**
CITY-ST-ZIP **TAMPA FL**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **Craig Harter**
STREET ADDRESS **2894 Wildwood Dr.**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **S** ☒ Delete
NAME **COBE, KAREN**
STREET ADDRESS **10029 ORANGE GROVE DR**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Pat Wesner**
STREET ADDRESS **11513 Lake Ridge Road**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **TD** ☐ Delete
NAME **HOBSON, THOMAS**
STREET ADDRESS **3409 W FLETCHER AVE**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **Treasurer** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **CODE, BRIAN**
STREET ADDRESS **10029 ORANGE GROVE DR**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Thomas A. Hobson
THOMAS A. HOBSON TREAS - 7/14/03

CR2E037 (4/03)

attachment

55001430
740319

Please be advised
that we had already
sent this form
and paid the fees
for \$61.25 on 3/1
PK # 1212 and it was
cleared on 5/9/03 by
you. Thanks, ^{This is}_{only the}
corrections