

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90302 009 ***150.00

DOCUMENT # F98000001478

1. Entity Name
TAMPA CLUB, INC.

Principal Place of Business
**630 WOODLAND AVENUE
 CHELLENHAM PA 19012**

Mailing Address
**630 WOODLAND AVENUE
 CHELLENHAM PA 19012**

2. Principal Place of Business
405 TARRYTOWN ROAD

Suite, Apt. #, etc.
#421

City & State
WHITE PLAINS NY

Zip
10607

County
WIS

3. Mailing Address
405 TARRYTOWN ROAD

Suite, Apt. #, etc.
#421

City & State
WHITE PLAINS NY

Zip
10607

County
WIS



DO NOT WRITE IN THIS SPACE

4. FEI Number
53-2953183

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARTMAN, CHARLES R JR
 2320 SOUTH 3RD STREET
 JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **Lee C. Schmachtenberg**
 Street Address (P.O. Box Number is Not Acceptable)
**1533 Sunset Pt.
 Suite 201**
 City **Coral Gables** **FL** Zip Code **33143**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CHALFIN, STUART R 630 WOODLAND AVENUE CHELLENHAM PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROTHBARD, MELVIN 7 N COLUMBUS BLVD PHILA DA 19106	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHALFIN, STUART R 630 WOODLAND AVENUE CHELLENHAM PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR STEVEN GREEN 405 TARRYTOWN ROAD, #421 WHITE PLAINS, NY 10607	<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		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (9/01)