

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90262 023 ****61.25

DOCUMENT # N01000007819

1. Entity Name
TAMPA JAGUARS CLUB, INC.



Principal Place of Business
**3401 N 48TH ST
TAMPA, FL 33605**

Mailing Address
**P.O. BOX 11621
TAMPA, FL 33610**

2. Principal Place of Business

3. Mailing Address

4712 N. Eddy Dr.

P.O. Box 291434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Temple Terrace, FL

Zip

33603

Country

Hillsborough

Zip

33687

Country

Hillsborough



04152004

Chg-NP

CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOOMER-CLEMONS, LAURA L
1609 E-143RD AVE-
APT #107
TAMPA, FL 33613**

7. Name and Address of New Registered Agent

Name **LAURA L. Clemons**

Street Address (P.O. Box Number is Not Acceptable)

2912 RAMADA Dr. #192

City

TAMPA

FL

Zip Code

33613

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 of Laura L. Clemons]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	CROMARTIE, LARRY	
STREET ADDRESS	2012 E IDLEWILD AVE	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	PEOPLES, NEAL	
STREET ADDRESS	3401 48TH ST	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TOOMER-CLEMONS, LAURA L	
STREET ADDRESS	1609 E 143RD AVE APT 107	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLARK, JANICE	
STREET ADDRESS	6910 ST JOHN RIVER DR	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	TBM	<input type="checkbox"/> Delete
NAME	TYSON, STEPHANIE	
STREET ADDRESS	8520 N MULBERRY ST	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY CROMARTIE	
STREET ADDRESS	4712 NEDDY Dr.	
CITY-ST-ZIP	TAMPA, FL 33603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA L. Clemons	
STREET ADDRESS	2912 RAMADA Drive #192	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANICE CLARK	
STREET ADDRESS	6907 Silver Run Dr. #202	
CITY-ST-ZIP	TAMPA, FL 33617	
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 of Larry Cromartie]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

Daytime Phone #