

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90018 003 ****70.00

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1. Entity Name

TAMPA BAY SOCIAL CLUB, INC.



Principal Place of Business

8504 ADAMO DR.
TAMPA FL 33604

Mailing Address

8504 ADAMO DR.
TAMPA FL 33604

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2923 W. Sligh Ave



MOORE

CR2E037 (11/03)

City & State

Tampa Florida

4. FEI Number

02-0636528

Applied For

Not Applicable

Zip

Country

Zip

Country

33614

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Shirley W. CAPITANO

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

2923 W. Sligh Ave

City

Tampa

FL

Zip Code

33614

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

Shirley W. Capitano

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
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 PTD ☐ Delete
NAME IAUARUNE, SUSAN
STREET ADDRESS 2923 W SLIGH AVE
CITY-ST-ZIP TAMPA FL 33614

TITLE VSD ☐ Delete
NAME CAPITANO, SAM B
STREET ADDRESS 8504 ADAMO DR.
CITY-ST-ZIP TAMPA FL 33604

TITLE 2V ☒ Delete
NAME MAROTTA, SAM JR.
STREET ADDRESS 2923 W SLIGH AVE
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD ☒ Change ☐ Addition
NAME SUSAN IAUARONE
STREET ADDRESS 2923 W. Sligh Ave
CITY-ST-ZIP Tampa FL 33614

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

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

TITLE ☐ Change ☐ Addition
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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

Sam B Capitano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-04

813 9320877

Date

Daytime Phone #