


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N05000002320</b>	
1. Entity Name UNIVERSITY OF WISCONSIN ALUMNI CLUB OF TAMPA BAY, INC.	

Principal Place of Business 3001 EXECUTIVE DR. SUITE 250 CLEARWATER, FL 33762-532 US	Mailing Address 3001 EXECUTIVE DR. SUITE 250 CLEARWATER, FL 33762-532 US
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04152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4933838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROSS, ELLIOTT M  
 3001 EXECUTIVE DR.  
 SUITE 250  
 CLEARWATER, FL 33762-532

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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 re-registering) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, ELLIOTT M 3001 EXECUTIVE DR CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIDOFF, LUBY 710 COURT STREET CLEARWATER, FL 33758
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U00000720484  
 05/01/07-80106-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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: Elliott M. Ross, Pres. 4-15-07 727-725-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #