

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90061 029 \*\*\*\*61.25

<b>DOCUMENT # N05000002320</b>					
<b>1. Entity Name</b> UNIVERSITY OF WISCONSIN ALUMNI CLUB OF TAMPA BAY, INC.					
<b>Principal Place of Business</b> 3001 EXECUTIVE DR. SUITE 250 CLEARWATER, FL 33762--532 US			<b>Mailing Address</b> 3001 EXECUTIVE DR. SUITE 250 CLEARWATER, FL 33762--532 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-4933838	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROSS, ELLIOTT M 3001 EXECUTIVE DR. SUITE 250 CLEARWATER, FL 33762--532			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> ROSS, ELLIOTT M		<b>TITLE</b> Director	<b>NAME</b> Ross, Elliott M	
<b>STREET ADDRESS</b> 3001 EXECUTIVE DR	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33762		<b>STREET ADDRESS</b> 3001 Executive Dr., Suite 250	<b>CITY-ST-ZIP</b> Clearwater, FL 33762	
<b>TITLE</b> VP	<b>NAME</b> SIDOFF, LUBY		<b>TITLE</b> President	<b>NAME</b> Sidoff, Luby	
<b>STREET ADDRESS</b> 710 COURT STREET	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33756		<b>STREET ADDRESS</b> P.O. Box 191	<b>CITY-ST-ZIP</b> Crystal Beach, FL 34681-0191	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> Director	<b>NAME</b> Kupkovits, John	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 5822 Bitter Orange Ave.	<b>CITY-ST-ZIP</b> Tampa, FL 33625	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> VP	<b>NAME</b> Greenwood, David	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 18132 Leafwood Circle	<b>CITY-ST-ZIP</b> Lutz, FL 33549	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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 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.</b>					
<b>SIGNATURE:</b> _____		Elliott M. Ross		4/16/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	