

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11092

1. Entity Name

THE TAMPA CLUB - DOWNTOWN, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90089 006 ****61.25

Principal Place of Business

101 EAST KENNEDY BLVD.
STE. 4200
TAMPA FL 33602
US

Mailing Address

101 EAST KENNEDY BLVD.
STE. 4200
TAMPA FL 33602-5834
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2134787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, ALTON C
101 EAST KENNEDY BLVD.
STE. 4200
TAMPA FL 33602

Name

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

City

FL

Zip Code

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

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME ~~PD~~ D
STREET ADDRESS WALLER, LAURA
CITY-ST-ZIP 101 E. KENNEDY, STE 4200
TAMPA FL 33602

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

TITLE ☐ Delete
NAME ~~SD~~ TD
STREET ADDRESS LYDWIG, RICHARD
CITY-ST-ZIP 101 E. KENNEDY, STE 4200
TAMPA FL 33602

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

TITLE ☒ Delete
NAME ~~D~~ THOMAS, BLACK W
STREET ADDRESS 101 EAST KENNEDY BLVD., STE. 4200
CITY-ST-ZIP TAMPA FL 33602

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

TITLE ☐ Delete
NAME ~~PD~~ D
STREET ADDRESS WILLIAMS, ROBERT
CITY-ST-ZIP 101 E. KENNEDY, STE 4200
TAMPA FL 33602

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

TITLE ☐ Delete
NAME ~~PD~~ D
STREET ADDRESS WARD, ALTON C
CITY-ST-ZIP 101 E. KENNEDY, STE 4200
TAMPA FL 33602

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS George POST
CITY-ST-ZIP 4830 W. Kennedy BLVD. suite 125
Tampa FL 33609

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)