

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90128 010 \*\*\*\*61.25

**DOCUMENT # N11092**

1. Entity Name

**THE TAMPA CLUB - DOWNTOWN, INC.**

Principal Place of Business

101 EAST KENNEDY BLVD.  
 STE. 4200  
 TAMPA FL 33602

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

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

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

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

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

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 **PD** ☒ Change ☐ Addition  
 NAME **GEORGE POST**  
 STREET ADDRESS **101 E. KENNEDY, STE 4200**  
 CITY-ST-ZIP **TAMPA, FL. 33602**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **WANSING, G. GIVEN**  
 STREET ADDRESS **101 E. Kennedy, STE 4200**  
 CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **TD** ☒ Change ☐ Addition  
 NAME **Sharon Kilpatrick**  
 STREET ADDRESS **101 E. Kennedy STE 4200**  
 CITY-ST-ZIP **TAMPA FL 33602**

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

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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED GEORGE POST**

**2/24/02**

**813-229-6028**

CFR2E037 (9/01)