

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11889

1. Entity Name

TAMPA BREAKFAST SERTOMA CLUB, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90016 030 ****61.25

Principal Place of Business

400 NO ASHLEY DRIVE
TAMPA FL 33602
US

Mailing Address

POST OFFICE BOX 2658
TAMPA FL 33601
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

59-2369385

Applied For

Not Applicable

5. Certificate of Status Desired

☒ No Fee Required
☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORZELL, TOM
C/O BANK OF AMERICA
400 N ASHLEY DR FL 1-010-03-06
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

After September 13, 2000 min. will be \$236.25

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	CD	<input type="checkbox"/> Delete
NAME	HASARA, JERRY	
STREET ADDRESS	3409 LACEWOOD RD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BORZELL, TOM	
STREET ADDRESS	5010 S ELBENON ST	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLS, JULIE	
STREET ADDRESS	7402 N 56TH ST, STE 901	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale Bohner	
STREET ADDRESS	2713 W. Price Ave.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Tregon III Tregon	
STREET ADDRESS	501 Justice Dr.	
CITY-ST-ZIP	Tampa FL 33613	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale Hoffman	
STREET ADDRESS	5000 Calbroth Key Way, #8-266	
CITY-ST-ZIP	Tampa FL 33611	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00

813.224.5642

Date

Daytime Phone #

CR2E037 (5/00)