

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16131

1. Entity Name

FIREFIGHTERS SERTOMA CLUB OF TAMPA, INC.

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

01-19-2000 90248 011 \*\*\*\*61.25

Principal Place of Business	Mailing Address
1130 WISPER RUN CT P. O. BOX 15608 TAMPA FL 33684	1130 WISPER RUN CT P. O. BOX 15608 TAMPA FL 33684-5608

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2642976	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	7. Name and Address of New Registered Agent
MILLS, JEWELL IRA 1130 WISPER RUN CT LUTZ FL 33549	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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>PD</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MARTINEL, RICHARD R</td><td></td></tr><tr><td>STREET ADDRESS</td><td>14118 VILLAGE VIEW DRIVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TAMPA FL</td><td></td></tr></table>	TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	MARTINEL, RICHARD R		STREET ADDRESS	14118 VILLAGE VIEW DRIVE		CITY-ST-ZIP	TAMPA FL		<table><tr><td>TITLE</td><td>PD</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>MARTINEZ, Richard R.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>10701 Stallgate Dr.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TAMPA, FL 33624</td><td></td></tr></table>	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MARTINEZ, Richard R.		STREET ADDRESS	10701 Stallgate Dr.		CITY-ST-ZIP	TAMPA, FL 33624	
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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: J. MILLER SIGNATURE REQUIRED JEWELL IRA MILLS Jan, 11, 2000 813 949 5205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #