

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 31, 2000 8:00 am
Secretary of State

04-27-2000 90013 016 ****61.25

DOCUMENT # N16180

1. Entity Name

TAMPA GEM SERTOMA CLUB, INC.

Principal Place of Business

Mailing Address

% ANNIE BOQUET
 12711 MARJORY AVENUE
 TAMPA FL 33612
 US

% ANNIE BOQUET
 12711 MARJORY AVENUE
 TAMPA FL 33612-4171
 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

59-2717792

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOQUET, ANNIE
12711 MARJORY AVENUE
TAMPPA FL 33612

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 _____ (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 PD Delete
 NAME MILES, MARY ELLEN
 STREET ADDRESS 6510 SPANISH MOSS CR.
 CITY-ST-ZIP TAMPA FL 33625

TITLE P Change Addition
 NAME Myer, Susan
 STREET ADDRESS 9720 N. Armenia #H
 CITY-ST-ZIP Tampa, FL 33612 D

TITLE CD Delete
 NAME DOYLE, DEBBIE
 STREET ADDRESS 15350 AMBERLY DRIVE, #5321
 CITY-ST-ZIP TAMPA FL 33647

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME BOQUET, ANNIE
 STREET ADDRESS 12711 MARJORY AVENUE
 CITY-ST-ZIP TAMPA FL 33612

TITLE V Change Addition
 NAME Boquet, Annie
 STREET ADDRESS Same
 CITY-ST-ZIP D

TITLE TD Delete
 NAME MOSES, JOANNE
 STREET ADDRESS 22020 HEATHER WOOD LANE
 CITY-ST-ZIP LAND O' LAKES FL 34639

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Change Addition
 NAME Tragon, Kathleen
 STREET ADDRESS 14982 N. Florida Ave., Suite H
 CITY-ST-ZIP Tampa, FL 33613 D

TITLE Delete
 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 all other like empowered.

SIGNATURE: Annie Boquet ANNIE BOQUET 4/10/2000 813 287-6553
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)