

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90005 022 ****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
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
127.11 MARJORY AVENUE
TAMPA FL 33612

Name

JO ANNE MOSES

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

22020 HEATHERWOOD LANE

City

LAND O LAKES

FL

Zip Code

34639

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

ANNIE BOQUET

Annie Boquet

4-12-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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 **CD** Delete
 NAME **MYER, SUSAN**
 STREET ADDRESS **9720 N. ARMENIA #H**
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE **CD** Change Addition
 NAME **BOQUET ANNIE**
 STREET ADDRESS **12711 MARJORY AVE**
 CITY-ST-ZIP **TAMPA, FL 33612**

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

TITLE **PD** Change Addition
 NAME **MOSES, JO ANNE**
 STREET ADDRESS **22020 HEATHERWOOD LANE**
 CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **TD** Delete
 NAME **CRUMPTON, PAULINE**
 STREET ADDRESS **1368 ECKLES DRIVE**
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE **SAME** Change Addition
 NAME **SAME**
 STREET ADDRESS **SAME**
 CITY-ST-ZIP **SAME**

TITLE **SD** Delete
 NAME **BRANSFORD, MARY F**
 STREET ADDRESS **810 BEN LOMOND DR**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE **SD** Change Addition
 NAME **ROMEI, JOANNE**
 STREET ADDRESS **3821 TAMMARRON LANE**
 CITY-ST-ZIP **BRANDON, FL 33511**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
Annie Boquet

4/12/02

813 282-6553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

000547