

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18692

1. Entity Name

PURDUE CLUB OF TAMPA BAY, INC.

Principal Place of Business

% EDWARD W. GERECKE
3923 W. SAN JUAN ST.
TAMPA FL 33629

Mailing Address

% EDWARD W. GERECKE
3923 W. SAN JUAN ST.
TAMPA FL 33629

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

59-2265288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUSH, EVE M
2403 FINLANDIA LN #21
CLEARWATER FL 34623

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

Eva M Roush

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

(NOTE: Registered Agent signature required when reinstating)

2/28/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	CUMMINGS, VERN	1001 STARKEY RD	LARGO FL 33771	☐
D	GERECKE, EDWARD W.	3923 W SAN JUAN ST	TAMPA FL	☐
D	ROUSH, EVA M.	2403 FINLANDIA LANE, # 21	CLEARWATER FL	☐
P	JAMES, HOWARD	2061 CITRUS HILL LN	PALM HARBOR FL 34683	☐
V	BEACH, BILL	652 SUGAR PALM	LARGO FL 33778	☐
D	KONRAD, BILL	1351 GULF BLVD #219	CLEARWATER FL 33763	☐

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90311 022 ****61.25

664308



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)