

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24397

1. Entity Name

EXCHANGE CLUB OF TAMPA, INC.

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90009 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 10206  
TAMPA FL 33679-0206

P.O. BOX 10206  
TAMPA FL 33679-0206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6194131

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOWELL, GEORGE B. III  
4315 SYLVAN RAMBLE  
TAMPA FL 33609

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE M ☐ Delete  
NAME COOK, WARD  
STREET ADDRESS 5025 HOMER AVE  
CITY-ST-ZIP TAMPA FL 33629

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

TITLE SD ☐ Delete  
NAME WALTERS, KEN  
STREET ADDRESS 1304 S DESOTO AVE  
CITY-ST-ZIP TAMPA FL 33606

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

TITLE PD ☒ Delete  
NAME HATTON, PAIGE  
STREET ADDRESS 4830 WEST KENNEDY BLVD, SUITE 200  
CITY-ST-ZIP TAMPA FL

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

TITLE VD ☐ Delete  
NAME GUAGLIARDO, NELSON  
STREET ADDRESS P O BOX 10206 N/A  
CITY-ST-ZIP TAMPA FL

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

TITLE TD ☐ Delete  
NAME RYALS, LESTER  
STREET ADDRESS 1204 SUFFOLK DR  
CITY-ST-ZIP TAMPA FL 33629

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition  
NAME ☐ Change ☒ Addition  
STREET ADDRESS ☐ Change ☒ Addition  
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

7/10/00 813)837-2773  
Date Daytime Phone #

CR2E037 (5/00)