

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90105 020 \*\*\*\*61.25

**DOCUMENT # N24397**

1. Entity Name

**EXCHANGE CLUB OF TAMPA, INC.**

Principal Place of Business

P.O. BOX 10206  
TAMPA FL 33679-0206

Mailing Address

P.O. BOX 10206  
TAMPA FL 33679-0206

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-6194131**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COOK, WARD**  
**5025 HOMER AVENUE**  
**TAMPA FL 33629**

7. Name and Address of New Registered Agent

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. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	COOK, WARD	
STREET ADDRESS	5025 HOMER AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, KEN	
STREET ADDRESS	1304 S DESOTO AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RYALS, LESTER	
STREET ADDRESS	1204 SUFFOLK DR	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANSONE, CHUCK	
STREET ADDRESS	P.O. BOX 10206	
CITY-ST-ZIP	TAMPA FL 33679-0206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(SAME)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(SAME)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(SAME)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BO PERRY	
STREET ADDRESS	PO BOX 10206	
CITY-ST-ZIP	TAMPA, FL 33679-0206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

2/6/02 813 837-2773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)