FILED DOCUMENT # **N28910** May 10, 2000 8:00 am Secretary of State 1. Entity Name HARVARD CLUB OF THE WEST COAST OF FLORIDA, INC. 03-29-2000 90026 037 ****61.25 Principal Place of Business Mailing Address 814 W BAY STREET 614 W BAY ST TAMPA FL 33606 TAMPA FL 33606-2704 US 2. Principal Place of Business 3. Mailing Address 11911 Skylake Place Place <u>|1911 Skylake</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2909962 <u>lemole</u> errace errace lemole Not Applicable Country Country \$8.75 Additional 361 5. Certificate of Status Desired US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Steve Street Address (P.O. Box Number is Not Acceptable) GRAHAM, D A 614 W BAY ST errace TAMPA FL 33606 Zip Code 3361 7-44 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. Steve Wotovich 3-25-2000 reasurer SIGNATURE et and title it applicable 9. Election Campaign Financing FILE NOW: -Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VΡ **Addition** TITLE Delete TITLE ☐ Change Goldsby, Jeffrey 141 East Davis Blud #104 NAME ERNEST, S NAME STREET ADDRESS 2502 ROCKY POINT DR. STE 695 STREET ADDRESS 33606 CITY-ST-ZIP CITY-ST-ZIP Jampa, FL **TAMPA FL 33607** Delete TITLE ☐ Change **Addition** TITLE Pavan, Reed 4414 W. Dale Ave. NAME GARVEY, JOE NAME STREET ADDRESS STREET ADDRESS 12014 N OREGON AVE CITY-ST-ZIP 33*609-3707* CITY-ST-ZIP Tampa, FL TAMPA FL 🔀 Delete TITLE TITLE Change Addition Wotovich, Steve NAME GRAHAM, D A NAME 11911 Sky lake Place STREET ADDRESS **614 W BAY ST** STREET ADDRESS Temple Terrace, FL 33617-1670 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33603 33606 Delete TITLE noifibbA 🔀 TITLE Graham, DA 614 W Bay Street SCHIFF, GORDON J NAME NAME STREET ADDRESS STREET ADDRESS 2918 WALLCRAFT AVE 33603 CITY-ST-ZIP Tampa, CITY-ST-ZiP Tampa fl TITLE ☐ Delete TITLE D Change Addition . Galbert, Dr. Gordon NAME THAYER, A B NAME 500 Pasadena Ave S FT KING HWY, P O BOX 429 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Saint Petersburg, FL THONOTOSASSA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Steve Watovich

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR TOPE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

813-604-1207

Daytime Phone #