

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34021

1. Entity Name

THE TAMPA BAY MALE CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 173143
TAMPA FL 33672-1143
US

P O BOX 173143
TAMPA FL 33672-1143
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

59-3038370

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

THOMPSON, ESSIE M
1101 RIFLECREST AVE
VALRICO FL 33594

Name Reeder & Assoc.

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

3802 Ehrlich Rd, Suite 310

City Tampa

FL

Zip Code 33624

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME WHITTER, STEVE
STREET ADDRESS 11711 NICKLAUS CIR
CITY-ST-ZIP TAMPA FL 33624

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

TITLE S ☒ Delete
NAME HARRELL, JOHN
STREET ADDRESS 4326 MIDDLE LAKE DR
CITY-ST-ZIP TAMPA FL 33624

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

TITLE P ☐ Delete
NAME BOOTH, LARRY
STREET ADDRESS 11504 E QUEENWAY DR
CITY-ST-ZIP TEMPLE TERRACE FL 33637

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

TITLE S ☒ Delete
NAME WATTS, RANDY
STREET ADDRESS 8927 BEELER DR
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete
NAME MONROE, ROBERT A
STREET ADDRESS 1206 PARRILLA DE AVILA
CITY-ST-ZIP TAMPA FL

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

TITLE T ☐ Delete
NAME GAMBLE, TONY
STREET ADDRESS 4915 DEWEY ROSE CT
CITY-ST-ZIP TAMPA FL 33624

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

Date

Daytime Phone #

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90020 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)