

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N35830

1. Entity Name

GTE CLASSIC ASSOCIATION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-11-2000 90222 016 ****61.25

Principal Place of Business

5300 WEST LUTZ LAKE FERN
LUTZ FL 33549

Mailing Address

%CHARLES BAGBY
201 E. KENNEDY BLVD., SUITE 1200
TAMPA FL 33602-5827

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

59-3151363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BAGBY, CHARLES
201 E. KENNEDY BLVD.
SUITE 1200
TAMPA FL 33602

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	DP	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, JAMES	
STREET ADDRESS	P.O. BOX 110, FLTC 0605 N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	REEVES, ALLEN	
STREET ADDRESS	11333 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAGBY, CHARLES	
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 1200	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	CASTOR, BETTY	
STREET ADDRESS	4202 E. FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 33620	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ENGWALL, RICH	
STREET ADDRESS	P O BOX 110, FLTC N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCOBIE, MIKE	
STREET ADDRESS	P.O. BOX 110, FLTC N/A	
CITY-ST-ZIP	TAMPA FL 33601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKIP DAVIS	
STREET ADDRESS	738 DOWNS AVENUE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON DREW	
STREET ADDRESS	201 N. FRANKLIN, GLTC 0202	
CITY-ST-ZIP	TAMPA, FL 33601	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN FERRELL	
STREET ADDRESS	P.O. BOX 110, FLTC 0100	
CITY-ST-ZIP	TAMPA, FL 33601	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL GLENN	
STREET ADDRESS	700 HIDDEN RIDGE, HQW 02661	
CITY-ST-ZIP	IRVING, TX 75038	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE HARTMAN	
STREET ADDRESS	6550 W. HILLSBOROUGH AVE	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	CD	<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles L. Bagby CHARLES L. BAGBY TREASURER 4/3/00

CR2E037 (9/99)

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300291

11 Additions/Changes to Officers and Directors in 10

Title	VD	Addition
Name	Cindy Johnson	
Street Address	P.O. Box 42025	
City - St - Zip	St. Petersburg, FL 33742-4025	
Title	VCD	Addition
Name	Paul King	
Street Address	12271 97th Avenue North	
City - St - Zip	Seminole, FL 33772	
Title	VCD	Addition
Name	Mike McIver	
Street Address	7517 Oakvista Circle	
City - St - Zip	Tampa, FL 33634	
Title	VD	Addition
Name	Fred Ridley	
Street Address	P.O. Box 3433	
City - St - Zip	Tampa, FL 33601	
Title	VD	Addition
Name	Kathy Stafford	
Street Address	4202 East Fowler Adm 245	
City - St - Zip	Tampa, FL 33620	

