2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90054 047 ****61.25

DOCUMENT # N42401

1. Entity Name

WOODCRAFTERS CLUB OF TAMPA, INC.

Principal Place of Business	Mailing Address
DAVID M BARKSDALE. THE CENTER 214 N BOULEVARD TAMPA FL 33606 US	WOODCRAFTERS CLUB OF TAMPA 7716 W. HIAWATHA ST TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3215 W. WALLCRAFT AVE Suite, Apt. #, etc.
City & State	TAMPA, FL
Zip / Country	33611 / HILLSBOROUGH

4. FEI Number 59-3075392 ☐ 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
MOUNT, CHARLES J 7716 W. HIAWATHA STREET TAMPA FL 33615	Name: WALDO F. SHORKEY Street Address (P.O. Box Number is Not Acceptable): 3215 W. WALLCRAFT AVE City: TAMPA, FL. **FL** Zip Code: 33611

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: WALDO F. SHORKEY TREASURER Waldo F. Shorkey 1/22/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OURAL, JOSE 503 N. EXCELDA AVE. TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D OURAL, JOSE 503 N. EXCELDA AVE TAMPA FL 33609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KIMBALL, MARK P O BOX 18874 TAMPA FL 33679	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHORKEY, WALDO F 3215 WALLCRAFT AVE, TAMPA FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D DEL CORE 2103 KYRA TAMPA FL 33612	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D BARBARA ANDERSON 3108 W. EUCLID AVE TAMPA, FL 33629	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Waldo F. Shorkey RECWALDO F. SHORKEY 1/22/01 (813) 831-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #