

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90164 001 ****61.25

DOCUMENT # N46239

1. Entity Name

SEARS TAMPA BAY RETIREE CLUB, INC.

Principal Place of Business

Mailing Address

3623 E KNOLLWOOD ST
TAMPA FL 33610-1629
US

3623 E KNOLLWOOD ST
TAMPA FL 33610-1629
US

80009750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6307 NESTING COURT

Suite, Apt. #, etc.

3. Mailing Address

6307 NESTING COURT

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL.

4. FEI Number

59-3095855

Applied For

Not Applicable

Zip
33625-1566

Country
USA

Zip
33625-1566

Country
USA

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

VALENTI, SARAH E
3623 E KNOLLWOOD ST
TAMPA FL 33610

Name

JOSE M. GARCIA

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

6307 NESTING COURT

City

TAMPA

FL

Zip Code
33625

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.

JOSE M. GARCIA, TREASURER

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 24, 2000

FILE NOW:
FEES 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. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VALENTI, SARAH E	
STREET ADDRESS	3623 E KNOLLWOOD ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	BROWN, KATHY	
STREET ADDRESS	3425 CULLENDALE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CLARENCE	
STREET ADDRESS	4222 E EMMA ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARKER, JOHN	
STREET ADDRESS	502 TIMBER POND DR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARCIA, JOSE	
STREET ADDRESS	6307 NESTING CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SUE CRISWELL, A M	
STREET ADDRESS	3607 FLOYD RD	
CITY-ST-ZIP	TAMPA FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CLARENCE	
STREET ADDRESS	4222 E EMMA ST.	
CITY-ST-ZIP	TAMPA, FL 33610-6757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY A. SAAVEDRA	
STREET ADDRESS	4716 TANNERY AVE.	
CITY-ST-ZIP	TAMPA, FL. 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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 an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M. GARCIA

Date

Daytime Phone #

1/24/2000

(813) 962-3484