

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90154 039 \*\*\*\*\*61.25

**DOCUMENT # N46239**

1. Entity Name  
**SEARS TAMPA BAY RETIREE CLUB, INC.**



Principal Place of Business

**6307 NESTING CT  
TAMPA FL 33625  
US**

Mailing Address

**6307 NESTING CT  
TAMPA FL 33625  
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 **59-3095855**

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

**GARCIA, JOSE M  
6307 NESTING CT  
TAMPA FL 33625**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **MONTES DE OCA, N E**  
STREET ADDRESS **2359 EMERALD LAKE DR**  
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **PD** ☒ Change ☐ Addition  
NAME **PAUL J. DERR**  
STREET ADDRESS **2722 BUCKHORN OAKS DR.**  
CITY-ST-ZIP **VAL RICO, FL. 33594-4201**

TITLE **CSD** ☐ Delete  
NAME **BROWN, KATHY**  
STREET ADDRESS **3425 CULLENDALE DR**  
CITY-ST-ZIP **TAMPA FL**

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

TITLE **VD** ☒ Delete  
NAME **SAAVEDRA, HENRY A**  
STREET ADDRESS **4716 TANNERY AVE**  
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE **VD** ☐ Delete  
NAME **VAN SCHOYCK, LLOYD S**  
STREET ADDRESS **2936 WINDMOOR DR S**  
CITY-ST-ZIP **PALM HARBOR FL 34685-1719**

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

TITLE **TD** ☐ Delete  
NAME **GARCIA, JOSE**  
STREET ADDRESS **6307 NESTING CT**  
CITY-ST-ZIP **TAMPA FL**

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

TITLE **SD** ☐ Delete  
NAME **SUE CRISWELL, A M**  
STREET ADDRESS **3607 FLOYD RD**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ 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 REQUIRED**

**JOSE M. GARCIA JAN. 20, 2003 (813)962-3484**

CR2E037 (10/02)