

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90098 029 \*\*\*\*61.25

**DOCUMENT # N94000001952**

1. Entity Name

**TEMPLE CREST CIVIC CLUB, INC.**

Principal Place of Business

**4242 E. MILLER AVE.  
TAMPA FL 33617**

Mailing Address

**4242 E. MILLER AVE.  
TAMPA FL 33617**

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

**59-3229689**

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

7. Name and Address of New Registered Agent

**DENNIS, CAMELLA L**

**4809 E. BUSCH BLVD. #104**

**TAMPA FL 33617**

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**

**After September 13, 2000 min. will be \$236.25**

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 **VD** ☒ Delete  
NAME **DAUSMAND, JOHN**  
STREET ADDRESS **4703 RIVERHILLS DR.**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **VD** ☒ Change ☐ Addition  
NAME **SMITH, DANIEL**  
STREET ADDRESS **8702 N. ORANGEVIEW AVE.**  
CITY-ST-ZIP **TAMPA, FLA. 33617**

TITLE **PD** ☐ Delete  
NAME **HERRING, JUDY**  
STREET ADDRESS **8709 ORANGEVIEW AVE.**  
CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE **DT** ☐ Delete  
NAME **CLARK MICHELLE**  
STREET ADDRESS **4821 REGNAS AVE.**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **COLLINS, FAYE** ☒ Change ☐ Addition  
NAME **8711 EDNAM PLACE**  
STREET ADDRESS **TAMPA, FLA 33604**  
CITY-ST-ZIP

TITLE **DS** ☒ Delete  
NAME **DENNIS, CAMELLA L.**  
STREET ADDRESS **4809 E. BUSH BLVD #104**  
CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: MICHELLE CLARK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-21-2000 813-935-4085**

Date Daytime Phone #