

2001 UNIFORM BUSINESS REPORT (UBR)

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3229689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENNIS, CAMELLA L
4809 E. BUSCH BLVD. #104
TAMPA FL 33617

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

Michelle O. Clark
Signature, typed or printed name of registered agent and title if applicable.

Treas.
(NOTE: Registered Agent signature required when reinstating)

May 24, 2001
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 VD ☐ Delete
NAME SMITH, DANIEL
STREET ADDRESS 4703 RIVERHILLS DR.
CITY-ST-ZIP TAMPA FL

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

TITLE DT ☐ Delete
NAME COLLINS, FAYE
STREET ADDRESS 4821 REGNAS AVE.
CITY-ST-ZIP TAMPA FL

TITLE DS ☐ Delete
NAME DENNIS, CAMELLA L.
STREET ADDRESS 4809 E. BUSCH BLVD #104
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE DS ☒ Change ☐ Addition
NAME COLLINS, FAYE
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Change ☐ Addition
NAME MICHELLE O. CLARK
STREET ADDRESS 4821 REGNAS AV.
CITY-ST-ZIP TAMPA, FLA 33617

TITLE ☐ Change ☐ Addition
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 O. Clark* MICHELLE O. CLARK 5/24/2001 1-813 989-3552

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90004 035 ****61.25

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DO NOT WRITE IN THIS SPACE

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