

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001952

1. Entity Name

TEMPLE CREST CIVIC CLUB, INC.

**FILED**  
Aug 18, 2002 8:00 am  
Secretary of State

07-22-2002 90162 005 \*\*\*\*61.25

Principal Place of Business

4242 E. MILLER AVE.  
TAMPA FL 33617

Mailing Address

4242 E. MILLER AVE.  
TAMPA FL 33617

41584

00100010

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Camella L. Dennis

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

4221 S. Sandalwood Circle

City  
Tampa

FL

Zip Code  
33617

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

*Camella L. Dennis*

7/18/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SMITH, DANIEL  
4703 RIVERHILLS DR.  
TAMPA FL

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
CLARK, MICHELLE O  
4821 REGNAS AVENUE  
TAMPA FL 33617

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Jeanne Johnson  
Vice President  
7507 Lakeshore Dr.  
Tampa FL 33604

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Camella L. Dennis  
Secretary  
4221 S. Sandalwood Circle  
Tampa FL 33617

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Trustee  
Vincent Wallace  
7303 N. Hutton Pl.  
Tampa, Fla. 33604

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Trustee  
Sara Smith  
8702 Orangeville Ave.  
Tampa, Fla. 33617

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Trustee  
Fred Hoffman  
8707 Edmar Pl.  
Tampa, Fla. 33604

☐ Change ☒ Addition

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*

7-14-2002

813-935-  
4085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)