

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000005626**

1. Entity Name

**TAMPA COLLECTORS CLUB, INC.****FILED****Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90318 004 \*\*\*\*61.25

Principal Place of Business

P O BOX 24831  
TAMPA FL 33623-4831

Mailing Address

P O BOX 24831  
TAMPA FL 33623-4831

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-6133906**

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

**ROGG, SHELDON  
9225 RAINBOW LANE  
PORT RICHEY FL 34668**

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**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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P ROGG, HAROLD 9228 RAINBOW LANE PORT RICHEY FL 34668		<input type="checkbox"/>			<input type="checkbox"/>
DV ARTZE, JOSEPH 4612 N LINCOLN AVE TAMPA FL 33614		<input type="checkbox"/>			<input type="checkbox"/>
DS LAVIGNE, WILLIAM 9010 ARNDALE CIRCLE TAMPA FL 33615		<input type="checkbox"/>			<input type="checkbox"/>
DT ROGG, SHELDON 9225 RAINBOW LN PORT RICHEY FL		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SHELDON ROGG** TREASURER 4/23/01 (727) 848-7697

CR2E037 (10/00)