

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90025 015 ****61.25

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DOCUMENT # N95000005617

1. Corporation Name

TAMPA JAZZ CLUB, INC.

Principal Place of Business
16312 E. COURSE DR.
TAMPA FL 33624

Mailing Address
P.O. BOX 270519
TAMPA FL 33688



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13510 SHADY SHORES DR		26 Suite, Apt. #, etc.		11/27/1995	
22 TAMPA FL 33613		27 City & State		4. FEI Number	
23		28		59-3356290	
24 Zip		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		Trust Fund Contribution	
30		31			

9. Name and Address of Current Registered Agent

WORTHLEY, GARY
16312 E. COURSE DR.
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, CHUCK	1.2 NAME	
STREET ADDRESS	7208 FAIRFORD PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, EDWARD JR.	2.2 NAME	
STREET ADDRESS	PO BOX 7124 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33673	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANATHOS, JACQUELINE	3.2 NAME	
STREET ADDRESS	17008 SHADY PINES DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, VIC	4.2 NAME	
STREET ADDRESS	209 W COMANCHE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHLEY, GARY	5.2 NAME	
STREET ADDRESS	16312 E COURSE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYMOUR, ROBERT	6.2 NAME	
STREET ADDRESS	210 W COMANCHE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)