FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 21, 2001 8:00 am DOCUMENT # N9500005617 **Secretary of State** 1. Entity Name 03-21-2001 90066 001 ***150.00 TAMPA JAZZ CLUB, INC. Principal Place of Business Mailing Address 13510 SHADY SHORES DR P.O. BOX 270519 DUDETERN **TAMPA FL 33613 TAMPA FL 33688** 2. Principal Place of Business 3. Mailing Address 508 SHADOW GRUVE 9 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 59-3356290 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 41665 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARY WORTHUN WORTHLEY, GARY 16312 E. COURSE DR. TAMPA FL 33624 its registered office or registered agent, or both, in the state of Florida. 8. The above named entity submits this si tement for the purpo SIGNATURE Signature, typed or p ame of registered agent a Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME LYONS, JAMES NAME STREET ADDRESS 29776 BAYHEAD RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL 33523 TITLE Delete TITLE Change Addition DAVIS, SANDRA NAME NAME 5131 29TH AVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP - CITY - ST - ZIP GULFPORT FL-33707 TITLE ☐ Change Addition ☐ Delete TITLE MANTHOS, JACQUELINE NAME NAME 17008 SHADY PINES DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP ☐ Change Addition ☐ Delete KARSTADT, KAREN NAME NAME STREET ADDRESS 932 CHIPAWAY DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP APOLLO BEACH FL 33572 SOS SHAPOW GROVE CT ☐ Delete ☐ Addition TITLE TITLE WORTHLEY, GARY NAME NAME 16312 E COURSE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete SEYMOUR, ROBERT NAME NAME STREET ADDRESS 210 W COMANCHE AVE STREET ADDRESS TAMPA FL 33604 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 a