

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005617

1. Entity Name  
TAMPA JAZZ CLUB, INC.



Principal Place of Business  
508 SHADOW GROVE CT.  
LUTZ, FL 33549

Mailing Address  
508 SHADOW GROVE CT  
LUTZ, FL 33549

**FILED**  
04 JUN 25 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



05112004 Chg-NP 05/07/04 01004.001 6125 CR2E037 (10/03)

4. FEI Number  
59-3356290

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

WORTHLEY, GARY  
4740 EVERHART DR.  
LAND O LAKES, FL 34639

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME LYONS, JAMES  
STREET ADDRESS 29776 BAYHEAD RD.  
CITY-ST-ZIP DADE CITY, FL 33523

TITLE DVP ☐ Delete  
NAME MANTHOS, JACQUELINE  
STREET ADDRESS 17008 SHADY PINES DR  
CITY-ST-ZIP LUTZ, FL 33549

TITLE D ☒ Delete  
NAME KARSTADT, KAREN  
STREET ADDRESS 932 CHIPAWAY DRIVE  
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE DT ☐ Delete  
NAME WORTHLEY, GARY  
STREET ADDRESS 4740 EVERHART DR.  
CITY-ST-ZIP LAND O LAKES, FL 34639

TITLE D ☐ Delete  
NAME SEYMOUR, ROBERT  
STREET ADDRESS 210 W COMANCHE AVE  
CITY-ST-ZIP TAMPA, FL 33604

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 ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY WORTHLEY 6/22/40 813 996-5363

Date

Daytime Phone #