

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2003 8:00 am
Secretary of State

06-18-2003 90022 004 ****70.00

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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**

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 **59-3356290**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WORTHLEY, GARY
508 SHADOW GROVE CT
LUTZ FL 33549**

*ADDRESS CHANGE
EFFECTIVE
6/26/03*

7. Name and Address of New Registered Agent

Name **GARY WORTHLEY**

Street Address (P.O. Box Number is Not Acceptable) **4740 EVERHART DR**

LAND O LAKES

City

FL

Zip Code

34639

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

FILE NOW: FEE IS \$61.25

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

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

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

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **WORTHLEY, GARY**
CITY-ST-ZIP **508 SHADOW GROVE CT
LUTZ FL 33549**

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

TITLE ☒ Change ☐ Addition
NAME **WORTHLEY, GARY**
STREET ADDRESS **4740 EVERHART DR**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 info empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY WORTHLEY 6/16/03 813 230-2129

Date

Daytime Phone #

CR2E037 (10/02)