

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005567

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90079 033 ****70.00

1. Entity Name

CARROLLWOOD SERTOMA CLUB, INC.

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 13014 N DALE MABRY 531 TAMPA FL 33618 US | 13014 N DALE MABRY 531 TAMPA FL 33618-2808 US |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. PMB 531 City & State | Suite, Apt. #, etc. PMB 531 City & State |
| Zip Country | Zip Country |

| | |
|--|--|
| 4. FEI Number 59-3284678 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

REEDER, RICK
3802 EHRlich RD, STE 310
TAMPA FL 33624

7. Name and Address of New Registered Agent

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

| | | | | |
|-------|--------------------|----------------------------------|----------------|--|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
| PD | DICK, NIELSEN | 13014 N. DALE MABRY #531 | TAMPA FL 33618 | |
| CD | REEDER, RICK | 13014 N DALE MABRY, 531 | TAMPA FL 33618 | <input checked="" type="checkbox"/> Delete |
| SD | JOHNSON, MARY JANE | 13014 N DALE MABRY #531 | TAMPA FL 33618 | <input checked="" type="checkbox"/> Delete |
| SD | DICKEY, REG | 13014 N. DALE MABRY ST, STE 531 | TAMPA FL 33618 | <input type="checkbox"/> Delete |
| TD | LASH, ELAINE | 13014 N. DALE MABRY STE, STE 531 | TAMPA FL 33618 | <input checked="" type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | | |
|-------|----------------|-----------------------------|-----------------|--|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| PD | CONNIE MILLAR | 13014 N. DALE MABRY PMB 531 | TAMPA, FL 33618 | |
| TD | ANTHONY BROOKS | 13014 N DALE MABRY PMB 531 | TAMPA, FL 33618 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 REQUIRED 1/20/2000 (813)961-1018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)