

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005567

1. Entity Name

CARROLLWOOD SERTOMA CLUB, INC.

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

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

Principal Place of Business

Mailing Address

13014 N DALE MABRY

13014 N DALE MABRY

~~531~~
TAMPA FL 33618
US

~~531~~
TAMPA FL 33618-2808
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 531

PMB 531

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3284678

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000

(813) 961-1018

Date

Daytime Phone #

CR2E037 (9/99)