

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90151 009 ****70.00

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DOCUMENT # N96000005567

1. Entity Name
CARROLLWOOD SERTOMA CLUB, INC.

Principal Place of Business 13014 N DALE MABRY PMB 531 TAMPA FL 33618 US	Mailing Address 13014 N DALE MABRY PMB 531 TAMPA FL 33618 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3284678	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent REEDER, RICK 3802 EMBURY RD, STE 340 3339 W. BEARSS AVE. TAMPA FL 33624 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Rick Reeder* (NOTE: Registered Agent signature required when reinstating) DATE 1/9/01

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLAR, CONNIE <i>REMOVED</i> <input checked="" type="checkbox"/> Delete 13014 N. DALE MABRY #531 TAMPA FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEN RHODES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13014 N. DALE MABRY #531 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOKS, ANTHONY <input type="checkbox"/> Delete 13014 N DALE MABRY, 531 TAMPA FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKEY, REG <input checked="" type="checkbox"/> Delete 13014 N. DALE MABRY ST, STE 531 TAMPA FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEVIN PRATT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13014 N. DALE MABRY #531 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D RICK REEDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3339 W. BEARSS AVE. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Rick Reeder* **SIGNATURE REQUIRED** DATE 1/9/01 DAYTIME PHONE # 813/985-5310

CR2E037 (10/00)