

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90033 002 ****61.25

DOCUMENT # **N97000002842**

1. Corporation Name

TAMPA COLUMBUS CLUB ASSOCIATION INC.

Principal Place of Business

1707 W. CLIFTON ST.
TAMPA FL 33603-1101

Mailing Address

1707 W. CLIFTON ST.
TAMPA FL 33603-1101



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number:

59-3263890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional.
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WATSON, GEORGE H JR.
1707 W. CLIFTON ST.
TAMPA FL 33603-1101

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **WATSON, GEORGE H JR.**
CITY-ST-ZIP **9906 SIR FREDERICK ST.**
TAMPA FL 33627

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **SCULTHORPE, GEORGE**
CITY-ST-ZIP **2716 W. JETTON AVE.**
TAMPA FL 33629

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **BREEN, FRANK J**
CITY-ST-ZIP **4051 SHORESIDE CIRCLE**
TAMPA FL 33624

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **SLOWIK, STAN JR.**
CITY-ST-ZIP **1922 W. ORIENT ST.**
TAMPA FL 33607

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WIESEN, HURBERT J**
CITY-ST-ZIP **3303 PICWOOD RD.**
TAMPA FL 33618

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PEREZ, EMILIO JR.**
CITY-ST-ZIP **15106 ELMCREST**
ODESSA FL 33556

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

1/11/98

873-0667

CR2E037 (1/98)