

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002842

1. Entity Name

TAMPA COLUMBUS CLUB ASSOCIATION INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90243 008 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3263890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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	P	<input type="checkbox"/> Delete
NAME	WATSON, GEORGE H JR.	
STREET ADDRESS	9906 SIR FREDERICK ST.	
CITY-ST-ZIP	TAMPA FL 33627	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCULTHORPE, GEORGE	
STREET ADDRESS	2716 W. JETTON AVE.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	S	<input type="checkbox"/> Delete
NAME	BREEN, FRANK J	
STREET ADDRESS	4051 SHORESIDE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input type="checkbox"/> Delete
NAME	SLOWIK, STAN JR.	
STREET ADDRESS	1922 W. ORIENT ST.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIESEN, HURBERT J	
STREET ADDRESS	3303 PICWOOD RD.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, EMILIO JR.	
STREET ADDRESS	15106 ELMCREST	
CITY-ST-ZIP	ODESSA FL 33556	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO HENRIQUEZ
STREET ADDRESS	11715 NORTH BLVD
CITY-ST-ZIP	TAMPA, FL 33612
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	
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:

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

Date

Daytime Phone #

24 FEB. 00 813-873-0667

CR2E037 (9/99)