

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002842

1. Entity Name

TAMPA COLUMBUS CLUB ASSOCIATION INC.

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90025 049 ****61.25

Principal Place of Business

Mailing Address

1707 W. CLIFTON ST.
TAMPA FL 33603-1101

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TAMPA FL 33603-1101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS HENRIGUEZ, MARIO
CITY-ST-ZIP 11715 NORTH BLVD
TAMPA FL 33612

TITLE ☐ Change ☐ Addition
NAME GEORGE SCULTHORPE
STREET ADDRESS 3101 N. B ST
CITY-ST-ZIP TAMPA, FL 33609

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-JAN-02 813-876-3114

Date

Daytime Phone #

CR2E037 (9/01)