

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90012 010 \*\*\*\*61.25

**DOCUMENT #**

1. Entity Name



N 97000002842

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Tampa Columbus Club

3. Mailing Address

1707 W. CLIFTON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20063141

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

Applied For

Not Applicable

Zip

33603

Country

Hillsborough

Zip

33603

Country

Hillsborough

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Stanley J. Slowik Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

*Stanley J. Slowik Jr.*  
(NOTE: Registered Agent signature required when re-stating)

11 JUL. 05  
DATE

**FEE IS \$61.25**

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
HERBERT J. WIESEN  
3427 HEARDS FERRY DR  
TAMPA, FL. 33618

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
STANLEY J. SLOWIK JR  
1922 W. ORIENT ST  
TAMPA FL. 33607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RECORDING SECRETARY  
FRANK BREEN  
4051 SHORESIDE CIR  
TAMPA, FL. 33624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY J. SLOWIK JR. *Stanley J. Slowik Jr.*

11 JUL. 05

813-873-0667

CR2E037B (12/02)