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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000007150

1. Corporation Name

THE TAMPA DIAMOND CLUB, INC.

Principal Place of Business

3412 E LAKE AVE
TAMPA FL 33610
US

Mailing Address

POB 11367
TAMPA FL 33680
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/23/1997

4. FEI Number

59-3489745

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

MCBRIDE, ANTHONY D
8411 BARRETT PLACE
TAMPA FL 33617

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 P ☐ DELETE

NAME MCBRIDE, A D
STREET ADDRESS 8411 BARRETT PL
CITY-ST-ZIP TAMPA FL 33617

TITLE VP ☐ DELETE

NAME RAGIN, W T
STREET ADDRESS 15525 WESTONE DR
CITY-ST-ZIP TAMPA FL 33613

TITLE S ☐ DELETE

NAME COLEMAN, A
STREET ADDRESS 8005 TIERRA VERDE DR
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☐ DELETE

NAME HAMMOND, J
STREET ADDRESS 2505 E 19TH AVE
CITY-ST-ZIP TAMPA FL 33610

TITLE D ☐ DELETE

NAME LETT, M
STREET ADDRESS 3208 44TH ST
CITY-ST-ZIP TAMPA FL 33605

TITLE D ☐ DELETE

NAME GREEN, W S
STREET ADDRESS 1909 E NOEL ST
CITY-ST-ZIP TAMPA FL 33610

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

SIGNATURE:

Anthony D. McBride
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Jan 99 813 3481/48
Date Daytime Phone #

CR2E037 (11/98)