

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000007150**

1. Entity Name

THE TAMPA DIAMOND CLUB, INC.**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90172 005 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3489745

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MCBRIDE, ANTHONY D
8411 BARRETT PLACE
TAMPA FL 33617**

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 ☐ Delete
NAME **P**
STREET ADDRESS **MCBRIDE, A D**
CITY-ST-ZIP **8411 BARRETT PL
TAMPA FL 33617**TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **RAGIN, W T**
CITY-ST-ZIP **15525 WESTONE DR
TAMPA FL 33613**TITLE ☐ Delete
NAME **S**
STREET ADDRESS **COLEMAN, A**
CITY-ST-ZIP **8005 TIERRA VERDE DR
TAMPA FL 33617**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HAMMOND, J**
CITY-ST-ZIP **2505 E 19TH AVE
TAMPA FL 33610**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LETT, M**
CITY-ST-ZIP **3208 44TH ST
TAMPA FL 33605**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GREEN, W S**
CITY-ST-ZIP **1909 E NOEL ST
TAMPA FL 33610**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Date

Daytime Phone #

CR2E037 (10/00)