

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000007150**

1. Entity Name

**THE TAMPA DIAMOND CLUB, INC.****FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91701 036 \*\*\*\*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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3489745**

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

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

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCBRIDE, A D</b>	
STREET ADDRESS	<b>8411 BARRETT PL</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RAGIN, W T</b>	
STREET ADDRESS	<b>15525 WESTONE DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>COLEMAN, A</b>	
STREET ADDRESS	<b>8005 TIERRA VERDE DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAMMOND, J</b>	
STREET ADDRESS	<b>2505 E 19TH AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LETT, M</b>	
STREET ADDRESS	<b>3208 44TH ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GREEN, W S</b>	
STREET ADDRESS	<b>1909 E NOEL ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	

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:

**Anthony D. McBride**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Anthony D. McBride****5/6/02****(813) 348-1148**

Date

Daytime Phone #

CR2E037 (9/01)