

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90310 050 \*\*\*\*61.25

DOCUMENT # N98000000117

1. Entity Name

TARPON TIP-OFF CLUB, INC.

Principal Place of Business

Mailing Address

1411 GULF ROAD  
TARPON SPRINGS FL 34689

1411 GULF ROAD  
TARPON SPRINGS FL 34689

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

59-3556671

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

7. Name and Address of New Registered Agent

FORTNER-JOHNSON, SHARI  
3116 LUDLOW DRIVE  
NEW PORT RICHEY FL 34655

ASHLOCK, JOYCE

Street Address (P.O. Box Number is Not Acceptable)  
3153 Valencia Lane E.

City  
Palm Harbor

FL

Zip Code  
34684

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: JOYCE ASHLOCK, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

*Joyce Ashlock*

(NOTE: Registered Agent signature required when reinstating)

4/26/02

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 PD ☒ Delete  
NAME ALLEN, GENO  
STREET ADDRESS 1837 SKYLAND DRIVE  
CITY-ST-ZIP CLEARWATER FL 34619

TITLE PD ☒ Change ☐ Addition  
NAME ASHLOCK, JOYCE  
STREET ADDRESS 3153 VALENCIA LANE E.  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☒ Delete  
NAME SCHEWE, JUDITH  
STREET ADDRESS 8900 SHARON DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE D ☒ Delete  
NAME WOODKA, JERRY  
STREET ADDRESS 1411 GULF ROAD  
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE TD ☒ Delete  
NAME HANES, ELEANOR R  
STREET ADDRESS 860-D GLENMORE CT  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE VZD ☒ Change ☐ Addition  
NAME ASHLOCK, LARRY  
STREET ADDRESS 3153 VALENCIA LANE E.  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Change ☒ Addition  
NAME CRAWFORD, LAURI  
STREET ADDRESS 65 LIFE STYLE BLVD, APT 1115  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Change ☒ Addition  
NAME CRAWFORD, BENNY  
STREET ADDRESS 1250 ROGERS ST. STE B  
CITY-ST-ZIP CLEARWATER FL 33756

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:

*Joyce Ashlock, President*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/26/02 727

Date

Daytime Phone #

CR2E037 (9/01)