

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003592

1. Entity Name

DOWNTOWN TAMPA NOON SERTOMA CLUB, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90111 028 ****61.25

Principal Place of Business
 1010 N FLORIDA AVE
 TAMPA FL 33602

Mailing Address
 1010 N FLORIDA AVE
 TAMPA FL 33602-3908

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3522285** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SHEPLER, STEVE D
1010 N FLORIDA AVE
TAMPA FL 33602

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOSTWICK, DOUG 1010 N FLORIDA AVE TAMPA FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BARNEY, CATHY 1010 N FLORIDA AVE TAMPA FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FELLIOS, GEORGE 3002 ESGANOL LANE #102 TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete LAMB, MATHE - MATTIE 102 WHITING ST STE 600 TAMPA FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LICHT, LYNDA 1010 N FLORIDA AVE TAMPA FL 33602 <i>Howo</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MYER, JERRY 16704 SILVER MOSS DR TAMPA FL 33624

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bostwick, Doug P.O. Box 3285 Tampa, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David weeks 112 W. Curtis Ave. Tampa, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Mattie Lamb 102 Whiting St. STE 600 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Licht, Lynda 1402 Wakefield Dr. Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] **REQUIRED** Date: **2-28-00** Daytime Phone #: **813-273-9777**

CR2E037 (9/99)