

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90207 027 \*\*\*\*61.25

0058123

DOCUMENT # N98000003592

1. Entity Name

DOWNTOWN TAMPA NOON SERTOMA CLUB, INC.

Principal Place of Business

Mailing Address

1010 N FLORIDA AVE  
 TAMPA FL 33602

1010 N FLORIDA AVE  
 TAMPA FL 33602

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

59-3522285

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

SHEPLER, STEVE D  
 1010 N FLORIDA AVE  
 TAMPA FL 33602

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: D  Delete  
 NAME: BOSTWICK, DOUG  
 STREET ADDRESS: PO BOX 3285  
 CITY-ST-ZIP: TAMPA FL 33602

TITLE: D  Delete  
 NAME: [REDACTED]  
 STREET ADDRESS: 112 W. CURTIS AVE  
 CITY-ST-ZIP: TAMPA FL 33603

TITLE: D  Delete  
 NAME: LAMB, MATTIE  
 STREET ADDRESS: 102 WHITING ST STE 600  
 CITY-ST-ZIP: TAMPA FL 33602

TITLE: T  Delete  
 NAME: LIGHT, LYNDA  
 STREET ADDRESS: 1402 WAKEFIELD DR  
 CITY-ST-ZIP: BRANDON FL 33511

TITLE: D  Delete  
 NAME: MYER, JERRY  
 STREET ADDRESS: 16704 SILVER MOSS DR  
 CITY-ST-ZIP: TAMPA FL 33624

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: Delete  Change  Addition  
 NAME: MATTIE LAMB  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: Delete  Change  Addition  
 NAME: DAVID WOODS  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: T  Change  Addition  
 NAME: JOHN TRAGON  
 STREET ADDRESS: 14902 N. FLORIDA AVE  
 CITY-ST-ZIP: TAMPA FL 33613

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

TITLE: Delete  Change  Addition  
 NAME: LINDA LIGHT  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  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 817, 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: *D.L. Bostwick* 4.30.01 813/228-4820

CR2E037 (10/00)