

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000003592

1. Entity Name

DOWNTOWN TAMPA NOON SERTOMA CLUB, INC.

Principal Place of Business

1010 N FLORIDA AVE  
TAMPA FL 33602

Mailing Address

1010 N FLORIDA AVE  
TAMPA FL 33602

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

59-3522285

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

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 FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BOSTWICK, DOUG  
STREET ADDRESS PO BOX 3285  
CITY-ST-ZIP TAMPA FL 33602TITLE D ☐ Delete  
NAME [REDACTED]  
STREET ADDRESS 112 W. CURTIS AVE  
CITY-ST-ZIP TAMPA FL 33603TITLE D ☐ Delete  
NAME LAMB, MATTIE  
STREET ADDRESS 102 WHITING ST STE 600  
CITY-ST-ZIP TAMPA FL 33602TITLE T ☐ Delete  
NAME LIGHT, LYNDIA  
STREET ADDRESS 1402 WAKEFIELD DR  
CITY-ST-ZIP BRANDON FL 33511TITLE D ☐ Delete  
NAME MYER, JERRY  
STREET ADDRESS 16704 SILVER MOSS DR  
CITY-ST-ZIP TAMPA FL 33624TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME Delete  
STREET ADDRESS MATTIE LAMB  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME Delete  
STREET ADDRESS DAVID WOODS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS JOHN TRAGON  
CITY-ST-ZIP 14902 N. FLORIDA AVE  
TAMPA FL 33613TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME Delete  
STREET ADDRESS LINDA LIGHT  
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] D.L. Bostwick 4.30.01 813/228-4820

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

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



DO NOT WRITE IN THIS SPACE

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