

# 2002 UNIFORM BUSINESS REPORT (UBR)

7/25

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90008 012 \*\*\*\*61.25

**DOCUMENT # N99000001573**

1. Entity Name

**TAMPA INTERBAY ROTARY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 172486  
 TAMPA FL 33672-2486

P.O. BOX 172486  
 TAMPA FL 33672-2486

41581

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

59-3568149

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

**HARLESS, HUGH**  
**3713 DALE AVE.**  
**TAMPA FL 33609**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P-Elect</b><br><b>O'GRADY-ROSET, MARGARET</b><br><b>2019 S. CAROLINA AVENUE</b><br><b>TAMPA FL 33629</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RODGERS, JOEL</b><br><b>1109 S. ROME AVENUE</b><br><b>TAMPA FL 33606</b>                     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P-Elect VP</b><br><b>MARTIN, GRANT</b><br><b>29418 CROSSLAND DRIVE</b><br><b>WESLEY CHAPEL FL 33543</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>VAN DYKE, DOUG</b><br><b>526 WALDEN COURT</b><br><b>DUNEDIN FL 34698</b>                    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>SMITH, GLENN</b><br><b>2247 BLUE TERN DR.</b><br><b>PALM HARBOR FL 34683</b>                 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>WEISSMAN, JAMES</b><br><b>4502 WATROUS AVENUE</b><br><b>TAMPA FL 33629</b>                   | <input type="checkbox"/> Delete            |

|                                                |                                                                                                             |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P-Elect /Director</b>                                                                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director</b><br><b>David Jones</b><br><b>3004 San Isidro</b><br><b>Tampa, FL 33629</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP /Director</b>                                                                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP /Director</b>                                                                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S /Director</b><br><b>Kevin Franzese</b><br><b>11441 Cypress Reserve Drive</b><br><b>Tampa, FL 33626</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director</b>                                                                                             | <input checked="" 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 an other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/02 813-254-8762

CR2E037 (9/01)

Attachment  
"Service Above Self"



41581

**TAMPA INTERBAY ROTARY CLUB**

P.O. BOX 172486  
TAMPA, FLORIDA 33672-2486

August 13, 2002

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Reference Number: N99000001573

Enclosed is the corrected members, who are all members of the Board of Directors of the Tampa Interbay Club (in addition to serving as President, President-Elect, VP, Treasurer, Secretary, etc.).

If I can provide additional information, please advise.

Barbara Holmes  
Executive Secretary  
Tampa Interbay Rotary Club  
P. O. Box 172486  
Tampa, FL 33672-2486  
813.253.6274  
813.258.7798 (fax)  
bholmes@ut.edu