

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90012 010 ***150.00

DOCUMENT # P00000085356

1. Entity Name
THE RETIREES CLUB OF TAMPA, INCORPORATED

Principal Place of Business

3314 COLUMBUS DRIVE
TAMPA FL 33607

Mailing Address

3314 COLUMBUS DRIVE
TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

3. Principal Place of Business
3314 W. Columbus Dr.
Suite, Apt. #, etc. Suite B

3. Mailing Address
3314 W. Columbus Dr.
Suite, Apt. #, etc. Suite B

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
x 5936 71732

Applied For
Not Applicable

Zip
33607-1820

Country
USA

Zip
33607-1820

Country
USA

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

TRONCOSO, MAGGIE
4930 ROCKLEDGE CIRCLE
TAMPA FL 33624

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SUAREZ, IRMA
3314 COLUMBUS DRIVE
TAMPA FL 33607 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary-Treasurer
Idel Suarez, Jr.
6015 Sheldon Rd.
Tampa, FL 33615 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Idel Suarez, Jr. Secretary

01-10-01

Date

813-877-6679

Daytime Phone #

CR2E034 (10/00)