

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90206 039 ****61.25

DOCUMENT # N34021

1. Entity Name

THE TAMPA BAY MALE CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 173143
 TAMPA FL 33672-1143
 US

P O BOX 173143
 TAMPA FL 33672-1143
 US

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

59-3038370

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

REEDER & ASSOC
3802 EHRICH RD SUITE 310
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

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	<input type="checkbox"/> Delete
NAME	WHITTER, STEVE	
STREET ADDRESS	11711 NICKLAUS CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOOTH, LARRY	
STREET ADDRESS	11504 E QUEENWAY DR	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONROE, ROBERT A	
STREET ADDRESS	1206 PARRILLA DE AVILA	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GAMBLE, TONY	
STREET ADDRESS	4915 DEWEY ROSE CT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	S	<input type="checkbox"/> Delete
NAME	Chambers, Micki	
STREET ADDRESS	4613 John Bell Dr	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

5/1/01

813-247-3322

CR2E037 (10/00)