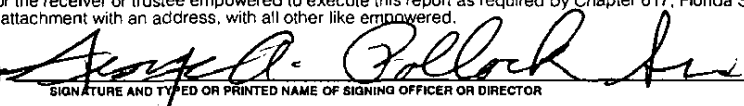


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90044 039 ****61.25

DOCUMENT # 701968 1. Entity Name TAMPA SPORTS CLUB INC					
Principal Place of Business 5601 MARINER STREET SUITE 200 TAMPA, FL 33609			Mailing Address P.O. BOX 10753 TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7005562	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BRIMMER, TERRY 5601 MARINER STREET SUITE 200 TAMPA, FL 33609				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEDITH, REGINALD 5155 ELSA RAY BLVD SAINT PETERSBURG, FL 33715	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President George A. Pollock, Sr. 1507 Fox Hill Pl, Valrico FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TANACINO, JOSEPH 4202 FOURIER AVE ARE 106 TAMPA, FL 33620	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mitch Shriber 3157 Landmark Dr, Unit 423 Clearwater, FL 33761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP TAMAINO, JOSEPH 4202 E FOWLER AVE AEA #100 TAMPA, FL 33620	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP Gil Swalls 3148 Pine Shadow Drive Land O Lakes, FL 34639	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, LEO J 9703 HIDDEN COVE COURT TAMPA, FL 33618	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ed Gallagly P.O.Box 18605 Tampa, FL 33679	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK, GLENN 9028 SOUNAK DR. NEW PORT RICHEY, FL 34655	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Griffin 712 S. Edison Ave Tampa, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINN, RONALD 5601 MARINER STREET-SUITE 200 TAMPA, FL 33609	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Fellios 2401 Bayshore Blvd. #1007 Tampa, FL 33629	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 			Date _____ Daytime Phone # _____		

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