

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90205 047 ****61.25

DOCUMENT # N38373

1. Entity Name

FLORIDA CITRUS SPORTS FOUNDATION, INC.

Principal Place of Business

**ONE CITRUS BOWL CENTRE
 ORLANDO FL 32805-9451**

Mailing Address

**ONE CITRUS BOWL CENTRE
 ORLANDO FL 32805-9451**

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

59-3026282

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

**FILDES, RICHARD J
 215 NORTH EOLA DRIVE
 ORLANDO FL 32801**

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 ☐ Delete
 NAME **ED**
 STREET ADDRESS **TAVRIOES, SHANNON**
 CITY-ST-ZIP **1 CITRUS BOWL PLAZA
 ORLANDO FL 32805**

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **HINES, SAM**
 CITY-ST-ZIP **201 SOUTH ORANGE AVENUE
 ORLANDO FL 32801**

TITLE ☒ Change ☐ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **SAMUEL W. HINES**
 CITY-ST-ZIP **201 S. ORANGE AVENUE
 ORLANDO, FL 32801**

TITLE ☒ Delete
 NAME **GD**
 STREET ADDRESS **WOOTEN, COUNCIL**
 CITY-ST-ZIP **236 SOUTH LUCERNE CIRCLE
 ORLANDO FL 32801**

TITLE ☐ Change ☒ Addition
 NAME **TREASURER - DIRECTOR**
 STREET ADDRESS **WILLIAM O'TOOLE**
 CITY-ST-ZIP **665 SARANDAC DRIVE
 WINTER SPRINGS, FL 32708**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **PREVOST, JACK**
 CITY-ST-ZIP **3378 EDGEWATER DRIVE
 ORLANDO FL 32804**

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT - DIRECTOR**
 STREET ADDRESS **PREVOST, JACK**
 CITY-ST-ZIP **3378 EDGEWATER DRIVE
 ORLANDO, FL 32804**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **STUART, GEORGE**
 CITY-ST-ZIP **916 VALENCIA AVENUE
 ORLANDO FL 32804**

TITLE ☒ Change ☐ Addition
 NAME **SECRETARY - DIRECTOR**
 STREET ADDRESS **STUART, GEORGE**
 CITY-ST-ZIP **916 VALENCIA AVENUE
 ORLANDO, FL 32804**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **THOMPSON, TOMMY**
 CITY-ST-ZIP **200 SHELL POINT WEST
 MAITLAND FL 32751**

TITLE ☒ Change ☐ Addition
 NAME **VP - DIRECTOR**
 STREET ADDRESS **THOMPSON, TOMMY**
 CITY-ST-ZIP **200 SHELL POINT WEST
 MAITLAND, FL 32751**

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:

SHANNON C. TAVRIDES 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

CR2E037 (9/01)