

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90027 047 \*\*\*\*61.25

**DOCUMENT # N94000000395**

1. Entity Name

**TAMPA BAY GREYHOUND ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

17108 TIFFANY LAKE PL  
LUTZ FL 33549

17108 TIFFANY LAKE PL  
LUTZ FL 33549-7624

8400 7<sup>th</sup> ST. North

8400 7<sup>th</sup> ST. North

2. Principal Place of Business

8400 7<sup>th</sup> ST. N.

3. Mailing Address

8400 7<sup>th</sup> ST. N.

Suite, Apt. #, etc.

ST. PETERSBURG, FL

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3211275

Applied For

Not Applicable

Zip

33702

Country

USA

Zip

33702

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FIELD, FRANCISCA  
17108 TIFFANY LK PL  
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name: **CALVIN J. HOLLAND**

Street Address (P.O. Box Number is Not Acceptable)

8400 7<sup>th</sup> ST. North

City

ST. PETERSBURG

FL

Zip Code

33702

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

*Calvin J. Holland*

**CALVIN J. HOLLAND**

1/17/00

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

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CAPLE, PAUL T.	
STREET ADDRESS	3720 QUAIL FOREST DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CONNELL, RODNEY	
STREET ADDRESS	P O BOX 950550	
CITY-ST-ZIP	LAKE MARY FL 32795	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLLAND, CAL	
STREET ADDRESS	8400 7TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ABERNATHY, JAMES C JR.	
STREET ADDRESS	821 -88TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FIELD, FRANCESCA	
STREET ADDRESS	17108 TIFANY LK PL	
CITY-ST-ZIP	KUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL C Scheele	
STREET ADDRESS	1957 GLEN LAKES CIR, N.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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:

*Calvin J. Holland* **CALVIN J. HOLLAND**

1/17/00 727-579-1069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)