

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90005 023 ****61.25

DOCUMENT # N94000000395

1. Entity Name

TAMPA BAY GREYHOUND ASSOCIATION, INC.

Principal Place of Business

**8400 7TH ST N
 SAINT PETERSBURG FL 33702**

Mailing Address

**8400 7TH ST N
 SAINT PETERSBURG FL 33702**

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

59-3211275

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

**HOLLAND, CALVIN J
 8400 7TH ST. N
 SAINT PETERSBURG FL 33702**

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.

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

TITLE NAME	TD FIELD, FRANCESCA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	17108 TIFFANY LAKE PLACE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	VPD CONNELL, RODNEY	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 950550	
CITY-ST-ZIP	LAKE MARY FL 32795	
TITLE NAME	PD HOLLAND, CAL	<input type="checkbox"/> Delete
STREET ADDRESS	8400 -7TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE NAME	SD ABERNATHY, JAMES C JR.	<input type="checkbox"/> Delete
STREET ADDRESS	821 -88TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD PAUL CAPLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3720 QUAIL FOREST DRIVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/02 727-515-9867
 Date Daytime Phone #

CR2E037 (9/01)