

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91037 008 \*\*\*\*61.25

**55038498**

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**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  
**3720 Quail Forrest Drive**

3. Mailing Address  
**3720 Quail Forrest Drive**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Tarpon Springs, FL**

City & State  
**Tarpon Springs, FL**

4. FEI Number **59-3211275** Applied For  
 Not Applicable

Zip  
**34689**

Country  
**Pinellas**

Zip  
**34689**

Country  
**Pinellas**

5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

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  
**Paul Caple**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3720 Quail Forrest Drive**  
 City  
**Tarpon Springs, FL** Zip Code  
**34689**

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 *Paul Caple* **Paul Caple TREAS.** **5/3/03**  
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  
 Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>CAPLE, PAUL<br/>3720 QUAIL FORREST DRIVE<br/>TARPOON SPRINGS FL 34689</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD<br/>CONNELL, ROBNEY<br/>P O BOX 950550<br/>LAKE MARY FL 32795</b> <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>HOLLAND, CAL<br/>8400 -7TH ST N.<br/>ST PETERSBURG FL 33702</b> <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>ABERNATHY, JAMES C JR.<br/>821 -88TH AVE N.<br/>ST. PETERSBURG FL 33702</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *Paul Caple* **Paul Caple** **4/17/03** **727-515-9867**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2037 (10/02)