

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 15 AM 8:00

REINSTATEMENT *04*



DOCUMENT # 718574			
1. Entity Name TAMPA SPORTS CLUB FOUNDATION, INC.			
Principal Place of Business 102 W WHITING ST SUITE 201 TAMPA, FL 33602		Mailing Address 102 W WHITING ST SUITE 201 P.O. BOX 10952 TAMPA, FL 33602	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LENKER, MARK N., JR. 102 W WHITING ST SUITE 201 TAMPA, FL 33602		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 <i>M N Lenker Jr</i>		DATE <i>12/13/04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50		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	TD LENKER, MARK 102 W WHITING ST SUITE 201 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900043429799 12/15/04--01032--006 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAMS, JOE 3233 E YUKON TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Leo Diaz 9703 H.dden Cove Ct Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACK, PETE 12605 STILLWATER TERRACE TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, EDWARD 7327 SUNSHINE CIRCLE TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ED 4241 HENDERSON BLVD. TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <i>M N Lenker Jr</i>		DATE <i>12/13/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>813-223-3455</i>	