NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 724387

1. Corporation Name

FLORIDA CITRUS SPORTS ASSOCIATION, INC.

Principal Pla	ce of Business
ONE CITRUS	BOWL CENTRE
ODI ANDO SI	22005-0451

Mailing Address

ONE CITRUS BOWL CENTRE

FILED Apr 27, 1999 8:00 am Secretary of State

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ORLANDO FL	32805-9451	ORLANDO FL 32005-9431				iki, 19610 il o it dinon ikini kokk		BABAL BABAL BABA	4 4
— ·	Place of Business	2a. Mailing Address			3. Date II	ncorporated or Qualifed			_
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Nu	ımber		Apı	lied For
22	.,	27			59-10)58144		Not	Applicable
City & Sitat	te	City & State			5. Certifc	ate of Status Desired		\$8.75 A Fee Re	
Zip	Country	Zip	Соц	ntry	6. Electic	n Campaign Financing		\$5.00	vlay Be
24	25	29	30			und Contribution		Added to	Fees
	9. Name and Address of Curren	t Registered Agent			10. Name	and Address of New R	egistered A	gent	
				81 Name					
CLARK, JI	EFF B			82 Street	Address (P.O. Box	Number is Not Accepta	ble)		
	FERSON-ST	Α.	1 1 10	105	E. Pob	nson St.			
)-FL-32801	•	Libras Menze	83 <	,				
01.20		`	,	84 City	<u>te 301</u>			85 Zip C	ode
				No.	ca do		<u>FL</u>	321	101
office or	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was	anunonzut	I DV ING COID	corporation submi pration's board of	directors. I hereby accep	t the appoin	lment as reg	istered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered	Agent signature r	eq iired when reinstating		DATE		
12.		ID DIRECTORS	13.		ADDITI	INS/CHANGES TO OFF	ICERS AN	DIRECTO	RS IN 12
TITLE	VD	☐ DELETE	1.1 TI	TLE				☐ Change	Addition
NAME	MOORE, YOGI		1.2 N/	AME.					
STREET ADDRESS	AAA E ONIE OT		1.3 \$1	TREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL		1.4 CI	TY-ST-ZIP					
TITLE	TD	☐ DELETE	2.1 TI	TLE	らく			Change	Addition
NAME	VESTAL, MIKE		2.2 N	ME					
STREET ADDRESS	TO THE OWNER OF		2.3 S	TREET ADDRESS					•
CITY-ST-ZIP	ORLANDO FL		2.4 C	TY-ST-ZIP					
TITLE	D	☐ DELETE	3.1 TI	TLE			C	Change	☐ Addition
NAME	OGILVIE, CHUCK		3.2 N/	AME					
STREET ADDRESS	1621 N MILLS AVE		3.3 \$	TREET ADDRESS	400 7	New York Ave	. W 10.	?	
CITY-ST-ZIP	ORLANDO FL		3.4. C	iTY-ST-ZIP	warner Par	r Fr			
TITLE	ED	☐ DELETE	4.1 TI	TLE		•		☐ Change	Addition
NAME	ROLE, CHARLES H		4. 2 N	AME					
STREET ADDRESS	ONE CITRUS BOWL PLACE		4.3 S	TREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32805		4.4 C	TY-ST-ZIP					
TITLE	PD~	☐ DELETE	5.1 T/	πE	O			Change	Addition
NAME	MASSEY, HARVEY		5.2 N						
STREET ADDRESS	1051 WINDERLY PLACE		5.3 S	TREET ADDRESS)				
CITY-ST-ZIP	MAITLAND FL			ITY-ST-ZIP					
TITLE	R	☐ DELETE	6.† TI		60			Change	Addition
NAME	O'TOOLE, BILL		6.2 N						
STREET ADDRESS	1375 BURER VISTA DRIVE			TREET ADDRESS	Ì				
CITY-ST-ZIP	LAKE BUENA VISTA FL		6.4 C	ITY-ST-ZIP					

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNAT