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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738771 (5)

1. Corporation Name

TAMPA BAY BUC'S BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

212 S OBRIEN ST
TAMPA FL 33609
US

212 S OBRIEN ST
TAMPA FL 33609
US



3. Date Incorporated or Qualified

04/21/1977

4. FEI Number

59-1733447

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2337 Eastwood Dr
Suite, Apt. #, etc.

26 2337 Eastwood Dr
Suite, Apt. #, etc.

22

27

23 Clearwater FL
City & State

28 Clearwater FL
City & State

24 33765 USA
Zip Country

29 33765 USA
Zip Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURLIN, BILL
212 S OBRIEN ST
TAMPA FL 33609

81 Name

Darlene Arnold

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

2337 Eastwood Dr

83

84 City

Clearwater

FL

85 Zip Code

33765

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Darlene Arnold

(NOTE: Registered Agent signature required when reinstating)

3/17/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME CURLIN, BILL
STREET ADDRESS 212 OBRIEN ST
CITY-ST-ZIP TAMPA FL

1.1 TITLE S ☐ Change ☒ Addition
1.2 NAME BETTY MERRILL
1.3 STREET ADDRESS 3957 PORPOISE DR. SE
1.4 CITY-ST-ZIP St. Petersburg FL

TITLE DVP ☐ DELETE
NAME MERRILL, SHERYL
STREET ADDRESS 3957 PORPOISE DR SE
CITY-ST-ZIP ST PETERSBURG FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME PALMER, DAVID
STREET ADDRESS 5305- E 98TH AVE
CITY-ST-ZIP TEMPLE TERRACE FL

3.1 TITLE DP ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME ARNOLD, DARLENE
STREET ADDRESS 2337 EASTWOOD DR
CITY-ST-ZIP CLEARWATER FL 33765

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME MILLER, RITA
STREET ADDRESS 625 N INDIAN ROCKS RD APT 2-B
CITY-ST-ZIP BELLE AIR BLUFFS FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME GORDON, HARRY
STREET ADDRESS 2413 BAYSHORE BLVD #2106
CITY-ST-ZIP TAMPA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

Darlene Arnold 3/17/98 812-191-0911

CR2E037 (10/97)