

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

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DOCUMENT # 738771

1. Corporation Name

TAMPA BAY BUC'S BOOSTER CLUB, INC.

Principal Place of Business

2337 EASTWOOD DR  
CLEARWATER FL 33762  
US

Mailing Address

2337 EASTWOOD DR  
CLEARWATER FL 33762  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/21/1977

4. FEI Number

59-1733447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ARNOLD, DARLENE  
2337 EASTWOOD DR  
CLEARWATER FL 33765

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 G. Arnold*  
Signature, typed or printed name of registered agent and title if applicable

DARLENE G. ARNOLD

2/28/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE S ☒ DELETE  
NAME MERRILL, BETTY  
STREET ADDRESS 3957 PORPOISE DR SE  
CITY-ST-ZIP ST PETERSBURG FL

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☒ Change ☐ Addition  
1.2 NAME MARLENE HALL  
1.3 STREET ADDRESS 714 APOLLO BEACH BLVD.  
1.4 CITY-ST-ZIP Apollo Beach, FL 33512

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

3.1 TITLE DVP ☒ Change ☐ Addition  
3.2 NAME WILLIAM F. ARNOLD  
3.3 STREET ADDRESS 2337 EASTWOOD DRIVE  
3.4 CITY-ST-ZIP Clearwater, FL 33765

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

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

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, with all other like empowered.

SIGNATURE:

*Darlene G. Arnold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/99

727-791-0944

Date

Daytime Phone #

CR2E037 (11/98)