

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738771

1. Entity Name

TAMPA BAY BUC'S BOOSTER CLUB, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90134 002 ****61.25

Principal Place of Business
2337 EASTWOOD DR
CLEARWATER FL 33762
US

Mailing Address
2337 EASTWOOD DR
CLEARWATER FL 33765-3313
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1733447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, DARLENE
2337 EASTWOOD DR
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HALL, MARLENE	
STREET ADDRESS	714 APOLLO BEACH BLVD	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MERRILL, SHERYL	
STREET ADDRESS	3957 PORPOISE DR SE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ARNOLD, WILLIAM F	
STREET ADDRESS	2337 EASTWOOD DR	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ARNOLD, DARLENE	
STREET ADDRESS	2337 EASTWOOD DR	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, RITA	
STREET ADDRESS	625 N INDIAN ROCKS RD APT 2-B	
CITY-ST-ZIP	BELLE AIR BLUFFS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GORDON, HARRY	
STREET ADDRESS	2413 BAYSHORE BLVD #2106	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Signature of Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

727-791-0944

Date

Daytime Phone #

CF12E037 (9/99)