

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 738771
 1. Entity 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 33765-3313 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-1733447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> Delete
NAME	HALL, MARLENE
STREET ADDRESS	714 APPOLLO 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	

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: *Darlene Arnold* **4/21/00** **727-791-0944**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2037 (9/99)