

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90032 007 ****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 33762~~
~~US~~

2. Principal Place of Business

1110 S. Missouri Ave #106
 Suite, Apt. #, etc.

3. Mailing Address

1110 S. Missouri Ave #106
 Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

59-1733447

Applied For

Not Applicable

Zip

33756

Country

US

Zip

33756

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, DARLENE

~~2337 EASTWOOD DR~~
~~CLEARWATER FL 33765~~

Name

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

1110 S. Missouri Ave #106

City

Clearwater

FL

Zip Code

33756

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

Darlene G. Arnold

Darlene G. Arnold

9/5/01

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
After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	S HALL, MARLENE	<input type="checkbox"/> Delete
STREET ADDRESS	714 APOLLO BEACH BLVD	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE NAME	DP MERRILL, SHERYL	<input type="checkbox"/> Delete
STREET ADDRESS	3057 PORPOISE DR SE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE NAME	DVP ARNOLD, WILLIAM F	<input type="checkbox"/> Delete
STREET ADDRESS	2337 EASTWOOD DR	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE NAME	DT ARNOLD, DARLENE	<input type="checkbox"/> Delete
STREET ADDRESS	2337 EASTWOOD DR	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE NAME	T MILLER, RITA	<input type="checkbox"/> Delete
STREET ADDRESS	625 N INDIAN ROCKS RD APT 2-B	
CITY-ST-ZIP	BELLE AIR BLUFFS FL	
TITLE NAME	T GORDON, HARRY	<input type="checkbox"/> Delete
STREET ADDRESS	2413 BAYSHORE BLVD #2106	
CITY-ST-ZIP	TAMPA FL	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DP DAVID Palmer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5305 98th Ave	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE NAME	DVP ANGELINA M. Chalski	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9696 134th Way N.	
CITY-ST-ZIP	Seminole FL 33776	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1110 S. Missouri Ave #106	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T WILLIAM ARNOLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1110 S Missouri Ave #106	
CITY-ST-ZIP	Clearwater FL 33756	

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 G. Arnold* **DARLENE G. ARNOLD** *9/5/01* **727-441-4069**

CR2F037 (5/01)