

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770223

1. Entity Name

TAMPA BAY GEORGIA BULLDOG/ALUMNI ASSOCIATION, IN

Principal Place of Business

Mailing Address

2506 AZEELE STREET
TAMPA FL 33609
US

P.O. BOX 15823
TAMPA FL 33684-5823

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

59-2369437

Applied For

Not Applicable

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

MOORE, TERENCE S
2506 AZEELE STREET
TAMPA FL 33609

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ARMSTRONG, NEAL
STREET ADDRESS 212 S. WARD STREET
CITY-ST-ZIP TAMPA FL 33609 ☒ Delete

TITLE VD
NAME SULTENFUSS, RAY
STREET ADDRESS 3607 BAY TO BAY BLVD.
CITY-ST-ZIP TAMPA FL 33629 ☒ Delete

TITLE TD
NAME PATTERSON, ROBERT
STREET ADDRESS 2106 W. CLUSTER AVENUE
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

TITLE SD
NAME MOORE, TERENCE S
STREET ADDRESS 2506 AZEELE STREET
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ~~Ray~~ SultenFuss Ray
NAME
STREET ADDRESS 3607 Bay to Bay Blvd.
CITY-ST-ZIP Tampa FL 33629 ☒ Change ☐ Addition

TITLE
NAME Tim Jones
STREET ADDRESS 2506 Azeele St
CITY-ST-ZIP Tampa FL 33609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Ray SultenFuss Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

02-28-2000 90016 020 ****61.25



DO NOT WRITE IN THIS SPACE

2-3-2000 813-