

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # J42005

1. Entity Name
TAMPA BAY DOWNS, INC.



Principal Place of Business
**% STELLA F. THAYER
11225 RACE TRACK RD.
TAMPA, FL 33626 US**

Mailing Address
**P O BOX 1531
TAMPA, FL 33601 US**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2747715

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THAYER, STELLA F.
400 NORTH TAMPA ST
STE 2300
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000083409
03/22/04-80017-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
THAYER, STELLA F.
400 NORTH TAMPA ST STE 2300
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
FERGUSON, HOWELL L.
310 W COLLEGE AVE
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KING, L.M.
11225 RACE TRACK RD.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BERUBE, PETER N
11225 RACE TRACK RD
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CASSANESE, ROBERT L
11225 RACE TRACK ROAD
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04

Date

(813) 222-8931

Daytime Phone #