

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-25-2001 90120 048 ****61.25

DOCUMENT # N00000005562

1. Entity Name

TALLAHASSEE TIDAL WAVE BOOSTER CLUB, INC.

Principal Place of Business

1135 COPPER CREEK COURT
TALLAHASSEE FL 32311

Mailing Address

1135 COPPER CREEK COURT
TALLAHASSEE FL 32311

2. Principal Place of Business

Same as above

Suite, Apt. #, etc.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLUNK, MELISSA D
1135 COPPER CREEK COURT
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

n/a

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

n/a

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	President	<input type="checkbox"/> Delete
NAME	Melissa D. Klunk	
STREET ADDRESS	1135 Copper Creek Court	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Bob Wilson	
STREET ADDRESS	3735 Dorset Way	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	John Beck	
STREET ADDRESS	3001 Brandon Dr.	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Tyressa Judge	
STREET ADDRESS	3406 Paces Ferry Rd.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	At-Large	<input type="checkbox"/> Delete
NAME	Bill Wyman	
STREET ADDRESS	5639 Shannon Lakes East	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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STREET ADDRESS	
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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:

Melissa D. Klunk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)