# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 SEP 10 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005562

1. Entity Name

TALLAHASSEE TIDAL WAVE BOOSTER CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1135 COPPER CREEK COURT<br>TALLAHASSEE, FL 32311 | 1135 COPPER CREEK COURT<br>TALLAHASSEE, FL 32311 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3735 DORSET WAY | P. O. BOX 180487 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TALLAHASSEE, FL | City & State: TALLAHASSEE, FL |
| Zip: 32303-2005 Country: USA | Zip: 32318-0487 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 - 3690114 ☐ 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 |
|---|---|
| KLUNK, MELISSA D.<br>1135 COPPER CREEK COURT<br>TALLAHASSEE, FL 32311 | Name: WILSON, ROBERT C.<br>Street Address (P.O. Box Number is Not Acceptable): 3735 DORSET WAY<br>City: TALLAHASSEE **FL** Zip Code: 32303-2005 |

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: Robert C. Wilson ROBERT C. WILSON, PRESIDENT 08/30/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P / D<br>KLUNK, MELISSA D.<br>1135 COPPER CREEK COURT<br>TALLAHASSEE, FL 32311 | ☒ Delete | P / D<br>WILSON, ROBERT C.<br>3735 DORSET WAY<br>TALLAHASSEE, FL 32303-2005 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V / D<br>WILSON, ROBERT C.<br>3735 DORSET WAY<br>TALLAHASSEE, FL 32303-2005 | ☒ Delete | V / D<br>WYMAN, BILL<br>3279 EAST SHANNON LAKES DRIVE<br>TALLAHASSEE, FL 32308 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S / D<br>PECK, JON<br>3001 BRANDEMERE DRIVE<br>TALLAHASSEE, FL 32312 | ☐ Delete | 600004597666--3<br>-09/19/01--01006--022<br>*****70.00 *****70.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T / D<br>JUDGE, TYRESSA<br>3486 PACES FERRY ROAD<br>TALLAHASSEE, FL 32308 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AT LARGE / D<br>WYMAN, BILL<br>3279 EAST SHANNON LAKES DRIVE<br>TALLAHASSEE, FL 32308 | ☒ Delete | AT LARGE / D<br>CROWLEY, PATRICK<br>5436 LAWTON COURT<br>TALLAHASSEE, FL 32311 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | SP | ☐ Change ☐ Addition |

CR2E037 (11/00)

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:** Robert C. Wilson ROBERT C. WILSON, PRESIDENT 08/30/2001 (850) 580-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #