

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005562

FILED
Feb 09, 2003
Secretary of State

Entity Name: TALLAHASSEE TIDAL WAVE BOOSTER CLUB, INC.

Current Principal Place of Business:

3735 DORSET WAY
TALLAHASSEE, FL 323032005

New Principal Place of Business:

3215 SESSIONS ROAD
TALLAHASSEE, FL 32303 US

Current Mailing Address:

P.O. BOX 180487
TALLAHASSEE, FL 323180487

New Mailing Address:

P.O. BOX 180487
TALLAHASSEE, FL 323180487 US

FEI Number: 59-3690114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, ROBERT C
3735 DORSET WAY
TALLAHASSEE, FL 323032005 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, ROBERT C
Address: 3735 DORSET WAY
City-St-Zip: TALLAHASSEE, FL 323032005

Title: VD () Delete
Name: WYMAN, BILL
Address: 3279 EAST SHANNON LAKES DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: CROWLEY, PAT
Address: 5436 LAWTON COURT
City-St-Zip: TALLAHASSEE, FL 32311

Title: TD () Delete
Name: SPINKS, WAYNE
Address: 9116 HICKORY NUT HILL
City-St-Zip: TALLAHASSEE, FL 32312

Title: ALD () Delete
Name: BARCH, BECKY
Address: 6228 HINES HILL CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MASON, DON
Address: 1387 CONSERVANCY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VD (X) Change () Addition
Name: CROWLEY, PAT
Address: 5436 LAWTON COURT
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: SD (X) Change () Addition
Name: LEE, VALERIE
Address: 7878 REYNOLDS COURT
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: TD (X) Change () Addition
Name: WILSON, CHRISTA
Address: 3735 DORSET WAY
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTA B. WILSON

TD

02/09/2003

Electronic Signature of Signing Officer or Director

Date