

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90284 017 ****70.00

DOCUMENT # N02000000878

1. Entity Name

USF BULLS 12TH MAN CLUB, INC.



Principal Place of Business

**3616 HARDEN BLVD. #123
LAKELAND FL 33803**

Mailing Address

**3616 HARDEN BLVD. #123
LAKELAND FL 33803**

2. Principal Place of Business

15806 WHEATFIELD PLACE

3. Mailing Address

15806 WHEATFIELD PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

01-0591252

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

33624

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOOKER, KIM C ESQ.
170 BLOXHAM AVENUE
ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent

Name **GRAFSTROM, MICHAEL S**

Street Address (P.O. Box Number is Not Acceptable)

15806 WHEATFIELD PLACE

City **TAMPA**

FL

Zip Code

33624

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.

MICHAEL S. GRAFSTROM, TREASURER/DIRECTOR 2-14-03

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ERIC 3616 HARDEN BLVD. #123 LAKELAND FL 33803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, BRAD 4328 FAWN MEADOWS CIRCLE CLERMONT FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, PAT 3008 W. ESTRELLA ST. #3 TAMPA FL 33629 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-DIRECTOR THOMAS, ERIC 3616 HARDEN BLVD. #123 LAKELAND, FL. 33803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR YOST, RICHARD 4815 TEA ROSE COURT LUTZ, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER-DIRECTOR GRAFSTROM, MICHAEL 15806 WHEATFIELD PLACE TAMPA, FL. 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-DIRECTOR ROBINSON, DEAN S. 12214 SNEAD PLACE TAMPA, FL. 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-DIRECTOR HAINES, GENE 12825 GORDA CIR. WEST LARGO, FL. 33773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

MICHAEL S. GRAFSTROM

2-14-03

727-8579-5843

CR2E037 (10/02)