## 2003 NOT-FOR-PROFIT CORPORATION

## FILED Jun 02, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** DOCUMENT # N0200001433 06-02-2003 90197 038 \*\*\*400.00 TAMPA BAY SPIRIT BASKETBALL, INC. Principal Place of Business Mailing Address 4911-C CREEKSIDE DR 4911-C CREEKSIDE DR CLEARWATER FL 33760 CLEARWATER FL 33760 ☐ CHECK HERE IF MAKING CHANGES Applied For 4. EEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOZNIAK, ALAN 4911-C CREEKSIDE DR **CLEARWATER FL 33760** City 18. 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition MOORE, DEXTER NAME STREET ADDRESS 2045 EAST BAY DR #501 STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-7IP Delete TITLE ☐ Change (☐ Addition GATTUSSO, JOHN 2348 KINGS POINT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LARGO FL 33774** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

WOZNIAK, ALAN NAME NAME 4911-C CREEKSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33760** CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME DOGANEIRO, FRANK NAME 3024 WOODSONG LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33761** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition TILL. BRIAN NAME NAME STREET ADDRESS 12685 ULMERTON ROAD STREET ADDRESS CITY-ST-ZIP **LARGO FL 33774** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 the empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

MOORE, DANIELLE

**LARGO FL 33771** 

2045 EAST BAY DRIVE #501

NAME

STREET ADDRESS

CITY-ST-ZIP