

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90062 018 ****61.25

DOCUMENT # N02000003904

1. Entity Name

NEW TAMPA WILDCATS - GREATER TAMPA, INC.



Principal Place of Business

8472 DUNHAM STATION DR
TAMPA FL 33647

Mailing Address

P.O. BOX 47116
TAMPA FL 33647



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

Tampa, Florida

4. FEI Number

59-3632391

Applied For

Not Applicable

Zip

Country

Zip

Country

33647 Hillsborough

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

THOMPSON, FLEMON
8472 DUNHAM STATION DR
TAMPA FL 33647

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-08

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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 P
NAME BERG, RICHARD ☐ Delete
STREET ADDRESS 6418 RENWICK CIR
CITY- ST- ZIP TAMPA FL 33647

TITLE VP
NAME VAN HORN, CONSTANCE ☐ Delete
STREET ADDRESS 10211 WATERSIDE OAK DR
CITY- ST- ZIP TAMPA FL 33647

TITLE T
NAME FLEMON, THOMPSON ☐ Delete
STREET ADDRESS 8472 DUNHAM STATION DR
CITY- ST- ZIP TAMPA FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Flemon Thompson

2-11-08

813-

973-7662