

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 90659 026 ****61.25

DOCUMENT # N02000004419

1. Entity Name

TAMPA RIVERDOGS YOUTH BASEBALL FOUNDATION, INC.



Principal Place of Business
13907 SHADY SHORES DRIVE
TAMPA FL 33613

Mailing Address
13907 SHADY SHORES DRIVE
TAMPA FL 33613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

82-0547663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~COOK, RONALD B.
COOK & KOCH, P.A. ONE TAMPA CITY CENTER
SUITE 3000, 201 N. FRANKLIN STREET
TAMPA FL 33602~~

7. Name and Address of New Registered Agent

Name

Peter N. Lagos

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

13907 Shady Shores Drive

City Tampa

FL

Zip Code 33613

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

Peter N. Lagos, President

3/19/03

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 ☐ Delete
NAME Peter N. Lagos
STREET ADDRESS 13907 Shady Shores Dr
CITY-ST-ZIP Tampa FL 33613

TITLE ☐ Delete
NAME DUANE B. BISHOFF
STREET ADDRESS 1011 SYLVIA LANE
CITY-ST-ZIP Tampa FL 33613

TITLE ☐ Delete
NAME V. President
STREET ADDRESS CAROL LAGOS
CITY-ST-ZIP 13907 Shady Shores Dr
Tampa, FL 33613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Peter N. Lagos, President

3/19/03

813 960 3454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)