

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90340 018 \*\*\*\*70.00

**DOCUMENT # N03000000842**

1. Entity Name  
**TAMPA BAY SPORTS HALL OF FAME BOOSTERS, INC.**



Principal Place of Business  
**1117 SECOND AVE S  
ST PETERSBURG, FL 33715**

Mailing Address  
**1117 SECOND AVE S  
ST PETERSBURG, FL 33715**



04112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1150716**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JACOBS, RICHARD O  
STE 1600, 200 CENTRAL AVE  
ST PETERSBURG, FL 33715**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FROID, GARY R
STREET ADDRESS	STE 705, 4993 BACOPA LN S
CITY-ST-ZIP	ST PETERSBURG, FL 33715
TITLE	D
NAME	BARTON, ROSS
STREET ADDRESS	4040 XIMES AVE
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	GLASURE, JACK
STREET ADDRESS	205 20 AVE NE
CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	PD
NAME	EAST, CLARK
STREET ADDRESS	3632 W CYPRESS ST
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	TD
NAME	KEARNEY, JOHN E
STREET ADDRESS	5404 LEILANI DR
CITY-ST-ZIP	ST PETERSBURG BEACH, FL
TITLE	D
NAME	ROY, WILLIAM
STREET ADDRESS	1117 SECOND AVE S
CITY-ST-ZIP	TIERRA VERDE, FL 33715

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-10-08**