

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38373 (9)

1. Corporation Name

FLORIDA CITRUS SPORTS FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O JEFF B. CLARK
ONE CITRUS BOWL CENTRE
ORLANDO FL 32805-9451

C/O JEFF B. CLARK
ONE CITRUS BOWL CENTRE
ORLANDO FL 32805-9451

3. Date Incorporated or Qualified
05/29/1990

3a. Date of Last Report
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3026282

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, JEFF B.
250 NORTH ORANGE AVENUE
SUITE 300
ORLANDO FL 32801

81 Name

Jeff Clark

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

One Citrus Bowl Place

83

84 City

Orlando

FL

85 Zip Code

32805

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CLARK, JEFF B.
STREET ADDRESS 1 CITRUS BOWL PLAZA
CITY-ST-ZIP ORLANDO FL 32805-2459 ☐ DELETE

TITLE D
NAME LORD, JOHN
STREET ADDRESS 250 ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801 ☒ DELETE

TITLE D
NAME DIZNEY, DON
STREET ADDRESS 603 MAIN STREET
CITY-ST-ZIP WINDERMERE FL 34786 ☒ DELETE

TITLE D
NAME MATHEISON, BOB
STREET ADDRESS 1975-BUENA VISTA DRIVE
CITY-ST-ZIP LAKE BUENA VISTA FL 32830 ☐ DELETE

TITLE D
NAME GIEGER, WILL
STREET ADDRESS 3920 IBIS DRIVE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE D
NAME RODDY, PAUL
STREET ADDRESS ONE DUPONT CENTRE
CITY-ST-ZIP ORLANDO FL 32801 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Butch Von Weller
1.3 STREET ADDRESS P.O. Box 160008
1.4 CITY-ST-ZIP Altamonte Springs, FL 32716 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME Council Wooten
2.3 STREET ADDRESS 236 S. Lucerne Circle
2.4 CITY-ST-ZIP Orlando, FL 32801 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE D
4.2 NAME Bob Matheison
4.3 STREET ADDRESS One Citrus Bowl Place
4.4 CITY-ST-ZIP Orlando, FL 32805-2459 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed (or) on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/96

(407) 423-2476

CR2E037 (12/95)