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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38373

1. Corporation Name

FLORIDA CITRUS SPORTS FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/29/1990

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

9. Name and Address of Current Registered Agent

CLARK, JEFF
1 CITRUS BOWL PLACE
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME ED
STREET ADDRESS TAURIDES, SHANNON
CITY-STATE-ZIP 1 CITRUS BOWL PLAZA
ORLANDO FL 32805-2459

1.1 TITLE
12 NAME TAVRIGES, SHANNON
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE
NAME D
STREET ADDRESS VON WELLER, BUTCH
CITY-STATE-ZIP P.O. BOX 16008 N/A
ALTAMONTE SPRINGS FL

2.1 TITLE
22 NAME
23 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE
NAME D
STREET ADDRESS WOOTEN, COUNCIL
CITY-STATE-ZIP 236 SOUTH LUCERNE CIRCLE
ORLANDO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME D
STREET ADDRESS MATHEISON, BOB
CITY-STATE-ZIP 1 CITRUS BOWL PLACE
ORLANDO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME D
STREET ADDRESS THOMPSON, TOMMY
CITY-STATE-ZIP 200 SHELL POINT WEST
MAITLAND FL 32751

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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 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 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 #

CR2E037 (11/98)