

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38373

1. Entity 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 32805-2459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3026282

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLARK, JEFF
1 CITRUS BOWL PLACE
ORLANDO FL 32805

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing

☐ Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME ~~ED TAVRIDES, SHANNON~~ TAVRIDES, SHANNON

STREET ADDRESS 1 CITRUS BOWL PLAZA

CITY-ST-ZIP ORLANDO FL 32805-2459

TITLE ☐ Delete

NAME D

STREET ADDRESS VON WELLER, BUTCH

CITY-ST-ZIP P.O. BOX 16008 N/A

ALTAMONTE SPRINGS FL

TITLE ☐ Delete

NAME D

STREET ADDRESS WOOTEN, COUNCIL

CITY-ST-ZIP 236 SOUTH LUCERNE CIRCLE

ORLANDO FL

TITLE ☐ Delete

NAME D

STREET ADDRESS MATHEISON, BOB

CITY-ST-ZIP 1 CITRUS BOWL PLACE

ORLANDO FL

TITLE ☐ Delete

NAME D

STREET ADDRESS GIEGER, WILL

CITY-ST-ZIP 3920 IBIS DRIVE

ORLANDO FL

TITLE ☐ Delete

NAME D

STREET ADDRESS THOMPSON, TOMMY

CITY-ST-ZIP 200 SHELL POINT WEST

MAITLAND FL 32751

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90264 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)