

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38373

FILED  
May 25, 2004  
Secretary of State

Entity Name: FLORIDA CITRUS SPORTS FOUNDATION, INC.

## Current Principal Place of Business:

ONE CITRUS BOWL CENTRE  
ORLANDO, FL 328059451

## New Principal Place of Business:

ONE CITRUS BOWL PLACE  
ORLANDO, FL 328059451

## Current Mailing Address:

ONE CITRUS BOWL CENTRE  
ORLANDO, FL 328059451

## New Mailing Address:

ONE CITRUS BOWL PLACE  
ORLANDO, FL 328059451

FEI Number: 59-3026282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FILDES, RICHARD J  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ED ( ) Delete  
Name: TAVRIDES, SHANNON  
Address: 1 CITRUS BOWL PLAZA  
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete  
Name: HINES, SAM  
Address: 201 SOUTH ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: O'TOLLE, WILLIAM  
Address: 665 SARANDE DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: CD ( ) Delete  
Name: PREVOST, JACK  
Address: 3378 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: VPD ( ) Delete  
Name: STUART, GEORGE  
Address: 916 VALENCIA AVENUE  
City-St-Zip: ORLANDO, FL 32804

Title: PD ( ) Delete  
Name: THOMPSON, TOMMY  
Address: 200 SHELL POINT WEST  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition  
Name: TAVRIDES, SHANNON  
Address: 1 CITRUS BOWL PLACE  
City-St-Zip: ORLANDO, FL 32805

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON TAVRIDES

ED

05/25/2004

Electronic Signature of Signing Officer or Director

Date