

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90078 003 ****61.25

DOCUMENT # N45703
 1. Entity Name
TARPON SPRINGS SPONSORS CLUB, INC.

Principal Place of Business: P.O. BOX 102, TARPON SPRINGS FL 34688-0102
 Mailing Address: P.O. BOX 102, TARPON SPRINGS FL 34688-0102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **59-3095072**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CULLEN, JOSEPH L
1410 SUNSET ROAD
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
 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

TITLE	D <input type="checkbox"/> Delete
NAME	FLAMMER, KARL F
STREET ADDRESS	4700 RIDGEVIEW RD
CITY-ST-ZIP	PALM HARBOR FL
TITLE	D <input type="checkbox"/> Delete
NAME	HARTMAN, DICK
STREET ADDRESS	1552 BIG BASS DR
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	ST <input type="checkbox"/> Delete
NAME	CULLEN, JOSEPH L
STREET ADDRESS	1410 SUNSET ROAD
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	P <input type="checkbox"/> Delete
NAME	REICHART, DON
STREET ADDRESS	494 WEST GATE RD
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	D <input type="checkbox"/> Delete
NAME	CAMM, WILLIAM T.
STREET ADDRESS	1900 RICHARD ERVIN PKWY
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	D <input type="checkbox"/> Delete
NAME	ST ARNOLD, RUSS
STREET ADDRESS	772 CHESAPEAKE DR
CITY-ST-ZIP	TARPON SPRINGS FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOSEPH L. CULLEN 5-3-2000 (727) 937-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)