

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

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
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
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)