

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91304 018 ****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

001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3095072**

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

CULLEN, JOSEPH L.
1410 SUNSET ROAD
TARPON SPRINGS FL 34689

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 OF OFFICER Joseph L. Cullen 5-11-01 (727) 937-5017

CR2E037 (10/00)