

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90237 007 ****61.25

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country 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 **THEO MAHINIS**
 Street Address (P.O. Box Number is Not Acceptable)
629 TESSIER DR.
TARPON SPRINGS, FL 34689
 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 *Theo Mahinis Secretary/Treasurer* DATE **1/28/02**
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P - D ROBERT E LEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	39 OSCAR HILL RD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE NAME	VP - D JOHN SANDERS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2716 MONTAGUE CT. E.	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE NAME	ST - D THEO MAHINIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	629 TESSIER DR.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE NAME	D NICK KARAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	592 Waterford Circle E.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE NAME	D-BOB McDONALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1000 DEREK LANE	
CITY-ST-ZIP	ONDSMAR, FL 34677	
TITLE NAME	D RANDY HARDING	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2326 U.S. 19	
CITY-ST-ZIP	ITOLUNA, FL 34691	

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: *SKINATUM BLOWREDsee/Free* DATE: **1/28/02** DAYTIME PHONE #: **727-937-4082**

CR2E037 (9/01)