


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90179 004 ****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



CHECK HERE IF MAKING CHANGES

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

MAHINIS, THEO
629 TESSIER DR
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

City **TARPON SPRINGS** FL Zip Code **34689**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Theo Mahinis Secretary/Treasurer 2/6/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD LEE, ROBERT E	<input type="checkbox"/> Delete
STREET ADDRESS	37 OSCAR HILL RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE NAME	VPD SANDERS, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	2715 MONTAGUE CT E	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE NAME	STD MAHINIS, THEO	<input type="checkbox"/> Delete
STREET ADDRESS	629 TESSLER DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE NAME	D KARAY, NICK	<input type="checkbox"/> Delete
STREET ADDRESS	592 WATERFORD CIRCLE E	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE NAME	D MCDONALD, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	1000 DEREK LANE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE NAME	D HARDING, RANDY	<input type="checkbox"/> Delete
STREET ADDRESS	2326 U S 19	
CITY-ST-ZIP	HOLIDAY FL 34691	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P-D JOHN SANDERS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2715 MONTAGUE CT. E.	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE NAME	VP-D RANDOLPH HARDING	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2326 U.S. 19	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE NAME	S/T - 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 KARL F. FLAMMER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4700 RIDGEVIEW RD	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE NAME	D RUSS STARNOLD - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	772 CHESAPEAKE DR.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE NAME	D ROBERT E. LEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	37 OSCAR HILL RD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

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: Theo Mahinis 2/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)