

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90030 049 ****70.00

DOCUMENT # N93000001428

1. Entity Name

Seahawks of Tampa Bay, Inc

Principal Place of Business

Coleman Middle School
P.O. Box 13284
Tampa, FL 33681

Mailing Address

Seahawks of Tampa Bay, Inc
P.O. Box 13284
Tampa FL 33681

C0070552

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

59-3208265

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Daniel Bourassa, Jr
3111 Fielder Ave
Tampa FL 33611

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 Daniel Bourassa Jr ☐ Delete
NAME
STREET ADDRESS 3111 Fielder Ave
CITY-ST-ZIP Tampa FL 33611

TITLE T,D Kathy Schulz ☐ Delete
NAME
STREET ADDRESS 3615 Belcher Dr
CITY-ST-ZIP Tampa, FL 33629

TITLE S D Tammy Burton ☐ Delete
NAME
STREET ADDRESS 3416 Paxton Ave
CITY-ST-ZIP Tampa FL 33611

TITLE D Tracy Shulis ☒ Delete
NAME
STREET ADDRESS 4806 Culbreath Isles Way
CITY-ST-ZIP Tampa FL 33629

TITLE D Mark Dosal ☒ Delete
NAME
STREET ADDRESS 4212 Morrison Ave
CITY-ST-ZIP Tampa FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Rick Schulz ☐ Change ☒ Addition
NAME
STREET ADDRESS 3615 Belcher Dr
CITY-ST-ZIP Tampa FL 33629

TITLE D Kristopher Fernandez ☐ Change ☒ Addition
NAME
STREET ADDRESS 3922 Tacon St
CITY-ST-ZIP Tampa FL 33629

TITLE D Stuart Crook ☐ Change ☒ Addition
NAME
STREET ADDRESS 4729 Wallace Ave
CITY-ST-ZIP Tampa FL 33611

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:

Kathy Schulz

Kathy Schulz

5-24-01

813 837-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)