2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005275

1. Entity Name

ST. PETERSBURG/CLEARWATER AREA SPORTS FOUNDATION

07-19-2000 90009 033 ****61.25
FILED N93000005275
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 11 AM 8:14

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14450 46TH ST NO SUITE 108 CLEARWATER FL 33762 US	14450 46TH ST N STE 108 CLEARWATER FL 33762 US

2. Principal Place of Business	3. Mailing Address
4040 N. Himes Ave.	c/o Englander & Fischer, P.A.
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 1954
City & State Tampa, FL	City & State St. Petersburg, FL
Zip 33607 / Country USA	Zip 33701 / Country USA

4. FEI Number 59-3252258 — Applied For / Not Applicable

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
ENGLANDER & FISCHER, P.A. 721 1ST AVE N ST PETERSBURG FL 33713	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
After September 13, 2000 min. will be $236.25

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 DV NAME REPPER, JR W STREET ADDRESS 3268 SAN MATEO ST CITY-ST-ZIP CLEARWATER FL 33759	☐ Delete	TITLE D, C NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE DC NAME ADAMS, JEFFREY M STREET ADDRESS 360 CENTRAL AVE SUITE 1100 CITY-ST-ZIP ST PETERSBURG FL 33701	☒ Delete	TITLE D, S NAME Mark Lettelleir STREET ADDRESS 475 Central Ave. CITY-ST-ZIP St. Petersburg, FL 33701	☐ Change ☒ Addition
TITLE D NAME COREY, ALFRED E JR STREET ADDRESS PO BOX 1121 N/A CITY-ST-ZIP ST PETERSBURG FL 33731-1121	☒ Delete	TITLE D, T NAME Steve Shear STREET ADDRESS 2614 W. Kennedy Blvd. CITY-ST-ZIP Tampa, FL 33609	☐ Change ☒ Addition
TITLE DT NAME ORCHARD, GREG STREET ADDRESS PO BOX 14042 DEPT H2Z CITY-ST-ZIP ST PETERSBURG FL 33733	☒ Delete	TITLE D, VC NAME Lee Zeigler STREET ADDRESS 2614 W. Kennedy Blvd CITY-ST-ZIP Tampa, FL 33609	☐ Change ☒ Addition
TITLE DS NAME GRIFFIN, WENDY S STREET ADDRESS 501 26TH AVE N CITY-ST-ZIP ST PETERSBURG FL 33704	☒ Delete	TITLE P NAME William C. Johnson STREET ADDRESS 4040 N. Himes Avenue, CITY-ST-ZIP Tampa, FL 33607	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 8/9/13	☐ Change ☐ Addition

CR2E037 (5/00)

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 William C. Johnson 9/7/00 813-360-6557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — William C. Johnson, Pres. — Date — Daytime Phone #