

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # N93000005275****1. Entity Name**
ST. PETERSBURG/CLEARWATER AREA SPORTS FOUNDATION, INC.**Principal Place of Business**
4040 N. HIMES AVE
TAMPA FL 33607
US**Mailing Address**
C/O ENGLANDER & FISCHER, P.A.
P.O. BOX 1954
ST. PETERSBURG FL 33701
US**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
59-3252258

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 NST PETERSBURG FL
33713 US

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** **04/03/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10****TITLE** D ☐ Delete
NAME JOHNSON WILLIAM C
STREET ADDRESS 4040 N HIMES AVE
CITY-ST-ZIP TAMPA FL 33607**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** DVC ☐ Delete
NAME ZEIGLER LEE
STREET ADDRESS 2614 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** DT ☐ Delete
NAME SHEAR STEVE
STREET ADDRESS 2614 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** DS ☐ Delete
NAME LETTELLEIR MARK
STREET ADDRESS 475 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33701**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** DC ☐ Delete
NAME REPPER W JR
STREET ADDRESS 3268 SAN MATEO ST
CITY-ST-ZIP CLEARWATER FL 33759**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** WILLIAM C JOHNSON

D 04/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)