2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000005275

FILED Apr 25, 2002 8:00 AM Secretary of State

Entity Name: ST. PETERSBURG/CLEARWATER AREA SPORTS FOUNDATION, INC.

Current Principal Place of Business:					New Principal Place of Business:				
4040 N. HIN TAMPA, FL		US							
Current Mailing Address:					New Mailing Address:				
P.O. BOX 1	ANDER & F 954 SBURG, FI		P.A. US						
FEI Number:	59-3252258	FEI Nu	ımber Applied For()	FEI Nun	nber Not Appl	icable ()	Certifica	te of Status	Desired()
Name and	Address of	f Current	Registered Agent:		Name and	Address o	of New Reg	istered Ag	ent:
721 1ST AV	ER & FISCH /E N SBURG, FL		US						
The above in the State		y submits	this statement for the p	urpose o	f changing i	ts registere	d office or r	egistered a	gent, or both,
SIGNATUR	E:								
Electronic Signature of Registered Agent					Date				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DC REPPER, W 3268 SAN M CLEARWATI	ATEO ST	59		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	DS LETTELLEIR 475 CENTRA ST PETERSI	AL AVE	3701		Title: Name: Address: City-St-Zip:	DS CATOE, PA 400 N. TAM TAMPA, FL	PA ST # 1010	` '	
Title: Name: Address: City-St-Zip:	DT SHEAR, STE 2614 W KEN TAMPA, FL	INEDY BLV)		Title: Name: Address: City-St-Zip:	DT ORCHARD, PO BOX 42 TAMPA, FL	0	() Addition	
Title: Name: Address: City-St-Zip:	DVC ZEIGLER, LE 2614 W KEN TAMPA, FL	INEDY BLV)		Title: Name: Address: City-St-Zip:	DVC CAMPBELL 400 CHANN TAMPA, FL	ELSIDE DR	() Addition	
Title: Name: Address: City-St-Zip:	D JOHNSON, V 4040 N HIME TAMPA, FL	ES AVE			Title: Name: Address: City-St-Zip:	P BARTOW, F 4040 N HIM TAMPA, FL	IES AVE	() Addition	
Title: Name: Address: City-St-Zip:		() Delete			Title: Name: Address: City-St-Zip:	PC ZEIGLER, L 2614 W KE TAMPA, FL	NNEDY BLVD	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSS C BARTOW P 04/25/2002