

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # N94000003019

1. Entity Name

TAMPA BAY STORM BOOSTER CLUB, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

02-22-2000 90012 043 ****61.25

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 1735 MONTANA AVE NE ST PETERSBURG FL 33703 US | 1735 MONTANA AVE NE ST PETERSBURG FL 33703-3335 US |

| | |
|---|---|
| 2. Principal Place of Business 7224 56th AVENUE N Suite, Apt. #, etc. | 3. Mailing Address 7224 56th AVENUE North Suite, Apt. #, etc. |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|---|------------------------------------|--|--|
| City & State ST. PETERSBURG, FL | City & State ST. PETERSBURG, FL | 4. FEI Number 59-3248815 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33709 | Country USA | Zip 33709 | Country USA |
| 6. Name and Address of Current Registered Agent GENTRY, BARBARA 1735 MONTANA AVENUE N.E. ST. PETERSBURG FL 33703 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|----------------------|
| 7. Name and Address of New Registered Agent | |
| Name STEPHEN - PRINS | |
| Street Address (P.O. Box Number is Not Acceptable) 7224 56th AVENUE NORTH | |
| City ST. PETERSBURG | Zip Code FL 33709 |

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, typed or printed name of registered agent and title if applicable. *Stephen A. Prins* Stephen A. Prins 3-9-00
(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

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| ST-ZIP | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|--------|----------------------|-----------------------------|------------------------|-------|-------------------|------------------------|-----------------|--------------------------|-------------------------------------|
| ST-ZIP | PRINS, STEPHEN | 7224 56 AVENUE NORTH | ST PETERSBURG FL 33709 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| ST-ZIP | DT GRIFFIN, JUNE | 2503 PRISCILLA CT | LUTZ FL 33549 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| ST-ZIP | D GENTRY, BECKY | 1735 MONTANA AVE NE | ST PETERSBURG FL 33703 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| ST-ZIP | D CONNER, JOANNE | 9865 GROVELAND STREET NORTH | ST PETERSBURG FL 33772 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| ST-ZIP | VD GENTRY, BARBARA | 1735 MONTANA AVE., NE | ST PETERSBURG FL 33703 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| ST-ZIP | VD Spatafora MICHAEL | 12843 83rd AVE North | SEMINOLE, FL 33776 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | SD MC GOWAN, BETH | 330 PATLIN CIRCLE EAST | LARGO, FL 33770 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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: *Stephen A. Prins* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00 727-546-9590
Date Daytime Phone #

CR2E037 (9/99)