

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002890

1. Entity Name

THE TALLAHASSEE TIGER SHARK FAN CLUB, INCORPORAT

Principal Place of Business

P.O. BOX 3812  
TALLAHASSEE FL 32315

Mailing Address

P.O. BOX 3812  
TALLAHASSEE FL 32315

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

IRWIN, KAREN  
7733 BRIARCREEK RD.  
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name Angela Lockwood

Street Address (P.O. Box Number is Not Acceptable)  
6 Callahan Dr

City Crawfordville FL Zip Code 32327

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

Angela Lockwood Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

1/10/01  
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 DP ☐ Delete  
NAME SPROUL, KIM  
STREET ADDRESS 2729 BRYNMAHR DR.  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE DT ☒ Delete  
NAME IRWIN, KAREN  
STREET ADDRESS 7738 BRIARCREEK RD.  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ Delete  
NAME WAAS, GEORGE L  
STREET ADDRESS 3797 SALLY LANE  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Change ☒ Addition  
NAME Angela Lockwood  
STREET ADDRESS 6 Callahan Dr  
CITY-ST-ZIP Crawfordville, FL 32327

TITLE DVP ☐ Change ☒ Addition  
NAME April Pace  
STREET ADDRESS 10516 Chevy way  
CITY-ST-ZIP Tallahassee FL 32311

TITLE DS ☐ Change ☒ Addition  
NAME Georgie Sharpton  
STREET ADDRESS 56 Gable Rd.  
CITY-ST-ZIP Havana, FL 32333

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

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: Angela Lockwood Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/01

Date

413-5004

Daytime Phone #

00025706



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3337537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)