

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90078 049 \*\*\*\*70.00

DOCUMENT # N95000004299

1. Entity Name

TAMPA BAY SUN BOWL, INC.

Principal Place of Business

11506 GIBRALTAR PLACE  
TEMPLE TERRACE FL 33617

Mailing Address

P O BOX 16830  
TAMPA FL 33687

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3334980

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MULLIGAN, DONALD  
11506 GIBRALTAR PLACE  
TAMPA FL 33617

7. Name and Address of New Registered Agent

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

*Donald A. Mulligan*

DONALD A. MULLIGAN

2/4/2002

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

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 NAME PTD  
MULLIGAN, DONALD ☐ Delete  
STREET ADDRESS 11506 GIBRALTAR PLACE  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE NAME VPD  
BURTON, WILLIAM ☐ Delete  
STREET ADDRESS 3310 MCFARLAND ROAD  
CITY-ST-ZIP TAMPA FL 33618

TITLE NAME VPD  
KELMER, PAUL ☐ Delete  
STREET ADDRESS 3901 SABAL PALM COURT  
CITY-ST-ZIP BRANDON FL 33511

TITLE NAME VPD  
MCIVER, MICHAEL ☐ Delete  
STREET ADDRESS 7517 OAK VISTA CIRCLE  
CITY-ST-ZIP TAMPA FL 33614

TITLE NAME VPD  
SCOTT SEDLAK ☐ Delete  
STREET ADDRESS 1907 CUMMARTON RUN DRIVE  
CITY-ST-ZIP VALRICO, FL 33594

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Donald A. Mulligan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-985-1866

CR2E037 (9/01)