

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000004553**

1. Entity Name

**SPIRIT OF TAMPA BAY BOYS BASKETBALL CLUB, INC.****FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90041 027 \*\*\*\*61.25

0059135

|  |  |
|--|--|
| Principal Place of Business<br><b>4404 MCELROY AVENUE<br/>TAMPA FL 33611</b> | Mailing Address<br><b>4404 MCELROY AVENUE<br/>TAMPA FL 33611</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



DO NOT WRITE IN THIS SPACE

|   |  |                                       |
|---|--|---------------------------------------|
| 4. FEI Number<br><b>59-3344187</b>                        |  | Applied For                           |
|   |  | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |

|  |  |  |           |
|--|--|--|-----------|
| 6. Name and Address of Current Registered Agent                    |  | 7. Name and Address of New Registered Agent        |           |
| <b>BROWN, CHARLES G<br/>4404 MCELROY AVENUE<br/>TAMPA FL 33611</b> |  | Name   |           |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |           |
|  |  |  |           |
|  |  | City   | <b>FL</b> |

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 \_\_\_\_\_  
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 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOHNSON, GREG J</b>                   | NAME  |   |
| STREET ADDRESS             | <b>4515 SAN RAFAEL</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>TAMPA FL 33629</b>                    | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PARSONS, THOMAS B</b>                 | NAME  |   |
| STREET ADDRESS             | <b>5521 HANLEY RD.</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>TAMPA FL 33634-4903</b>               | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BROWN, CHARLES G</b>                  | NAME  |   |
| STREET ADDRESS             | <b>4404 MCELROY AVE</b>                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>TAMPA FL 33611</b>                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9 Jan. 2001 613 837 9418**  
Date Daytime Phone #

CR2E037 (10/00)