

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005824

**FILED**  
**Feb 16, 2005**  
**Secretary of State**

**Entity Name:** TAMPA BAY SEMINOLE CLUB, INC.

**Current Principal Place of Business:**

405 S. DALE MABRY HWY.  
SUITE 391  
TAMPA, FL 336092820

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 21185  
TAMPA, FL 336221185 US

**New Mailing Address:**

**FEI Number:** 59-3447310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOSS, M C  
16125 VANDERBILT DR.  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOSS, M C  
Address: 16125 VANDERBILT DR.  
City-St-Zip: ODESSA, FL 33556

Title: VP ( ) Delete  
Name: MYERS, STEPHEN J  
Address: 9913 HARTWELL BRIDGE CIR.  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: M. CRAIG HOSS

PD

02/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date