

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90174 001 ****61.25

DOCUMENT # N96000005959

1. Entity Name

TAMPA BAY RAYS OF HOPE FOUNDATION, INC.



Principal Place of Business

**TROPICANA FIELD
ONE TROPICANA DRIVE
ST. PETERSBURG FL 33705
US**

Mailing Address

**TROPICANA FIELD
ONE TROPICANA DRIVE
ST. PETERSBURG FL 33705
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3481285**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIGGINS, JOHN P
TROPICANA FIELD
ONE TROPICANA DRIVE
ST. PETERSBURG FL 33705**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CPD ☐ Delete
NAME NAIMOLI, VINCENT J
STREET ADDRESS ONE TROPICANA DRIVE
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE VD ☐ Delete
NAME LAMAR, CHARLES G
STREET ADDRESS ONE TROPICANA DRIVE
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE VST ☐ Delete
NAME HIGGINS, JOHN P
STREET ADDRESS ONE TROPICANA DRIVE
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE V ☐ Delete
NAME ~~CRIPPEN~~, RICHARD
STREET ADDRESS ONE TROPICANA DR
CITY-ST-ZIP SAINT PETERSBURG FL 33705

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

TITLE V ☐ Delete
NAME ~~VAUGHN~~, RICHARD
STREET ADDRESS ONE TROPICANA DR
CITY-ST-ZIP SAINT PETERSBURG FL 33705

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

1-13-03 727 825 3/87

CR2E037 (10/02)