

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002742

1. Entity Name

TAMPA KNIGHTS FUTBOL CLUB, INC.

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90106 007 \*\*\*\*61.25

Principal Place of Business

3106 OAKLYN AVENUE  
TAMPA FL 33609

Mailing Address

3106 OAKLYN AVENUE  
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3468964

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRAYTON, GARY III  
3106 OAKLYN AVENUE  
TAMPA FL 33609

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

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 PD  
NAME CRAYTON, GARY III  
STREET ADDRESS 3106 OAKLYN AVE  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

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

TITLE V  
NAME SIENKIEWICZ, FRANK  
STREET ADDRESS 1623 BENT PINE WAY  
CITY-ST-ZIP BRANDON FL 33511 ☒ Delete

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

TITLE  
NAME MENENDEZ, PAM  
STREET ADDRESS 429 S. ROYAL POINCIANA DR.  
CITY-ST-ZIP TAMPA FL 33609 ☒ Delete

TITLE T-D  
NAME STEVEN M. RORER  
STREET ADDRESS 3821 SAN PEDRO ST.  
CITY-ST-ZIP TAMPA, FL 33629 ☐ Change ☒ Addition

TITLE SD  
NAME ROEHN, TAMMY  
STREET ADDRESS 4422 CULBREATH AVENUE  
CITY-ST-ZIP TAMPA FL 33609 ☒ Delete

TITLE SD  
NAME BERNADINE SAUCHEZ  
STREET ADDRESS 220 S. GUNLOCK AVE.  
CITY-ST-ZIP TAMPA, FL 33609 ☐ Change ☒ Addition

TITLE D  
NAME GRIGGS, STEVE  
STREET ADDRESS 493 BOSPHORUS AVENUE  
CITY-ST-ZIP TAMPA FL 33606 ☒ Delete

TITLE D  
NAME MARK OLIVER  
STREET ADDRESS 4831 SAN MIGUEL ST.  
CITY-ST-ZIP TAMPA, FL 33629 ☐ Change ☒ Addition

TITLE D  
NAME BAYNE, DAVID  
STREET ADDRESS 3003 W. SAN JOSE  
CITY-ST-ZIP TAMPA FL 33629 ☒ Delete

TITLE D  
NAME KATHY MORRISON  
STREET ADDRESS 2714 PALM AVENUE  
CITY-ST-ZIP TAMPA, FL 33611 ☐ Change ☒ Addition

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: RORER

3-15-02

813-254-9449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)