

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003536

1. Entity Name

THE FLORIDA STATE BOXING FOUNDATION, INC.

Principal Place of Business

Mailing Address

2032 MASS. AVE N.E.
ST. PETE FL 33703
US

2032 MASS. AVE N.E.
ST. PETE FL 33703-3404
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

59-3455935

Applied For

Not Applied

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

CRANE, BRAGG
2032 MASS. AVE N.E.
ST. PETE FL 33703

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

Bragg Crane

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 P ☐ Delete
NAME CRANE, BRAGG
STREET ADDRESS 2032 MASS. AVE N.E.
CITY-ST-ZIP ST. PETE FL 33703

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

TITLE V ☐ Delete
NAME CRANE, TINA
STREET ADDRESS 2032 MASS. AVE N.E.
CITY-ST-ZIP ST. PETE FL 33703

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

TITLE D ☐ Delete
NAME TINNEY, LUNDA
STREET ADDRESS 3316 W PEARL AVE
CITY-ST-ZIP TAMPA FL 33611

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

TITLE D ☐ Delete
NAME CRANE, DON
STREET ADDRESS 10155 LAKEVIEW DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE D ☒ Delete
NAME PARKER, CHRIS
STREET ADDRESS 184 97TH AVE NE
CITY-ST-ZIP ST PETE FL 33702

TITLE ☒ Change ☐ Add
NAME D. JOE WHITE
STREET ADDRESS 112 HARBST AVE
CITY-ST-ZIP SYRACUSE, NY 13203

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:

Bragg Crane
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90028 008 ****61.25

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DO NOT WRITE IN THIS SPACE