

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005381

FILED  
Jul 11, 2005  
Secretary of State

Entity Name: TAMPA BAY SPORTS COMMISSION, INC.

## Current Principal Place of Business:

400 NORTH TAMPA STREET  
SUITE 2800  
TAMPA, FL 33602

## New Principal Place of Business:

## Current Mailing Address:

400 NORTH TAMPA STREET  
SUITE 2800  
TAMPA, FL 33602

## New Mailing Address:

FEI Number: 59-3468367      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

KAVANAUGH, KELLY J  
400 NORTH TAMPA STREET  
SUITE 2800  
TAMPA, FL 33602 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: VC ( ) Delete  
Name: CAMPBELL, RON  
Address: 400 CHANNELSIDE DR.  
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete  
Name: ORCHARD, GREG  
Address: PO BOX 420  
City-St-Zip: TAMPA, FL 33602

Title: DC ( ) Delete  
Name: REPPER, BILL JR  
Address: 3268 SAN MATEO ST  
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete  
Name: CATOE, PAUL  
Address: 905 E JACKSON ST  
City-St-Zip: TAMPA, FL 33602

Title: PRES (X) Delete  
Name: BARTOW, ROSS C  
Address: 4040 N. HIMES AVE  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: CAMPBELL, RON  
Address: 400 CHANNELSIDE DR.  
City-St-Zip: TAMPA, FL 33602

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

Title: VC (X) Change ( ) Addition  
Name: ADAMS, JEFF  
Address: 360 CENTRAL AVENUE, 11TH FLOOR  
City-St-Zip: ST.PETERSBURG, FL 33701

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: KELLY KAVANAUGH

RA

07/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date