

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91326 034 ****61.50

DOCUMENT # N98000005524
 1. Entity Name
 COUNTRYSIDE WRESTLING BOOSTER CLUB, INC.

Principal Place of Business Mailing Address
 930 Florida Ave. 930 Florida Ave.
 Palm Harbor, FL 34683 Palm Harbor, FL 34683

2. Principal Place of Business 3. Mailing Address
 2637 Westview Ct. 2637 Westview Ct.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Clearwater, FL Clearwater, FL
 Zip Country Zip Country
 33761 33761

4. FEI Number Applied For
 59-3573407 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Craig Turtzo
 930 Florida Ave.
 Palm Harbor, FL 34683

7. Name and Address of New Registered Agent
 Name Craig Turtzo
 Street Address (P.O. Box Number is Not Acceptable)
 2637 Westview Ct.
 City Clearwater FL Zip Code 33761

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 Craig Turtzo DATE 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	DT Craig Turtzo	<input type="checkbox"/> Delete
STREET ADDRESS	930 Florida Ave.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DT Craig Turtzo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2637 Westview Ct.	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE NAME	DT Sandra Turtzo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2637 Westview Ct.	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE NAME	DT Jayne E. Flood	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3029 Ashland Terrace	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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: Craig Turtzo DATE 4/27/01 DAYTIME PHONE # 727/786-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)