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FILED
Jun 05, 2002 8:00 am
Secretary of State
05-13-2002 90150 023 ****70.00

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

DOCUMENT # N98000005864

1. Entity Name
TORNADO TOUCHDOWN BOOSTER CORP.

DO NOT WRITE IN THIS SPACE

- 91721

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
510 HERCULES AVE	P.O. BOX 8112
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER FL	City & State: CLEARWATER FL
Zip: 33764 Country: USA	Zip: 33758 8112 Country: USA

4. FEI Number: 59-3716471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROSE GREENWOOD

Street Address (P.O. Box Number is Not Acceptable): 315 N. PRESCOTT AVE

City: CLEARWATER FL Zip Code: 33755

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: Rose M Greenwood 4-24-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	PRESIDENT	D
NAME	ROSE GREENWOOD	
STREET ADDRESS	315 N. PRESCOTT AVE	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	VICE PRESIDENT	D
NAME	CYNTHIA BRUCE	
STREET ADDRESS	1231 S. HERCULES AVE	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	TREASURER	D
NAME	MARTIN SPORTSCHUETZ	
STREET ADDRESS	754 BRUCE AVE	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	SECRETARY	D
NAME	DEREK GREENWOOD	
STREET ADDRESS	315 N. PRESCOTT AVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rose M Greenwood President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #