

2000 UNIFORM BUSINESS REPORT (UBR)

S/1

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-11-2000 90313 035 ****61.25

DOCUMENT # N98000006530

1. Entity Name

TAMPA BAY LIGHTNING FAN CLUB, INC.

Principal Place of Business

Mailing Address

**401 CHANNELSIDE DRIVE
TAMPA FL**

**P.O. BOX 20394
TAMPA FL 33622-0394**

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

59-3542270

Applied For

Not Applicable

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

**ROBERSON, LORA L
10601 HATTERAS DRIVE
TAMPA FL 33615**

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	☒ Delete
NAME	ROBERSON, LORI L	
STREET ADDRESS	10601 HATTERAS DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VPD	☐ Delete
NAME	OSBORN, FAY	
STREET ADDRESS	4302 GUNN HWY #711	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VPMD	☒ Delete
NAME	ROBERSON, KENT	
STREET ADDRESS	10601 HATTERAS DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VFD	☒ Delete
NAME	SIMMONS, CANDICE	
STREET ADDRESS	14937 GLASGOW CT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DSA	☒ Delete
NAME	BEACO, JOHN	
STREET ADDRESS	407 CHOOCHOO LN	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	☐ Change ☒ Addition
NAME	Cairo, Ann Marie	
STREET ADDRESS	9230 Causeway Blvd.	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE	PD	☒ Change ☐ Addition
NAME	Osborn, Fay	
STREET ADDRESS	4302 Gunn Hwy - #711	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	VPMD	☐ Change ☒ Addition
NAME	Tatreau, Kevin	
STREET ADDRESS	1710 Georgia Ave. NE	
CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	VPRD	☐ Change ☒ Addition
NAME	McEchron, Teresa	
STREET ADDRESS	3515 59th Ave. W.	
CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	SD	☐ Change ☒ Addition
NAME	Paulson, Karen	
STREET ADDRESS	11434 Georgetown Cir.	
CITY-ST-ZIP	Tampa, FL 33635	
TITLE	Hardy, Don	☐ Change ☒ Addition
NAME	Hardy, Don	
STREET ADDRESS	6702 Rosemary Dr.	
CITY-ST-ZIP	Tampa, FL 33625	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 **Fay E. Osborn** **4/26/00** **(813)962-8380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)