

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90164 010 ****61.25

DOCUMENT # N98000006530

1. Entity Name

TAMPA BAY LIGHTNING FAN CLUB, INC.

Principal Place of Business

**401 CHANNELSIDE DRIVE
TAMPA FL**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this document 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CAIRO, ANN MARIE
9230 CAUSEWAY BLVD.
TAMPA FL 33619** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
OSBORN, FAY
4302 GUNN HWY #711
TAMPA FL 33624** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPM
TATREAU, KEVIN
1710 GEORGIA AVENUE NE
SAINT PETERSBURG FL 33703** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VFPD
MCEEHRON, TERESA
3515 59 AVENUE WEST
BRADENTON FL 34210** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
PAULSON, KAREN
11434 GEORGETOWN CIRCLE
TAMPA FL 33635** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARDY, DON
6702 ROSEMARY DRIVE
TAMPA FL 33625** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Cairo, Ann Marie
P.O. Box 89423
Tampa, FL 33619** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Osborn, Fay
11915 Cypress Hill Circle
Tampa, FL 33626** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPM
Roach, Cathy
16504 East Course Dr.
Tampa, FL 33624** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

STANGTUE ROBERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/28/01**
Date**(813)
792-0428**
Daytime Phone #

CR2E037 (10/00)