

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90860 037 ****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

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 **VPD** ☐ Delete
NAME **CAIRO, ANN MARIE**
STREET ADDRESS **P.O. BOX 89423**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **PD** ☒ Change ☐ Addition
NAME **Ann Marie Cairo**
STREET ADDRESS **P.O. Box 89423**
CITY-ST-ZIP **Tampa, FL 33619**

TITLE **PD** ☒ Delete
NAME **OSBORN, FAY**
STREET ADDRESS **11915 CYPRESS HILL CIRCLE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **VPPD** ☐ Change ☒ Addition
NAME **neil armstrong**
STREET ADDRESS **6426 Renwick Circle**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE **VPMD** ☐ Delete
NAME **ROACH, CATHY**
STREET ADDRESS **16504 EAST COURSE DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **VPPD** ☐ Change ☒ Addition
NAME **Steve Reynolds**
STREET ADDRESS **9322 Arrawana Ave**
CITY-ST-ZIP **Tampa, FL 33618**

TITLE **VPPD** ☒ Delete
NAME **MCEEHRON, TERESA**
STREET ADDRESS **3515 59 AVENUE WEST**
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **VPCD** ☐ Change ☒ Addition
NAME **Sarah Greenhawt**
STREET ADDRESS **6618 E Davis Blvd**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE **DS** ☐ Delete
NAME **PAULSON, KAREN**
STREET ADDRESS **11434 GEORGETOWN CIRCLE**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete **Still Active**
NAME **HARDY, DON**
STREET ADDRESS **6702 ROSEMARY DRIVE**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☐ Addition
NAME
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)(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:

Ann Marie Cairo, PD

4.17.02

813-814-2658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)