

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90066 044 ****61.25

DOCUMENT # N98000007314

1. Entity Name
TAMPA BAY MAGIC CLUB, INC.



Principal Place of Business
**11472 64TH AVENUE NORTH
SEMINOLE, FL 33772**

Mailing Address
**11472 64TH AVENUE NORTH
SEMINOLE, FL 33772**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3550257

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME GAUGHAN, PATRICK
STREET ADDRESS 1343 DONEGAN RD
CITY-ST-ZIP LARGO, FL 33771

TITLE D ☒ Delete
NAME KLASE, ROBERT
STREET ADDRESS 3913 ARLINGTON DR
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE D ☐ Delete
NAME GAUGHAN, PATRICK
STREET ADDRESS 11472 64TH AVE., NORTH
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE D ☒ Delete
NAME WOLIN, PAMELA R
STREET ADDRESS 124 KENDALE DR
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME ROBERT CAFAZZO
STREET ADDRESS 3913 ARLINGTON DR.
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE V ☒ Change ☐ Addition
NAME THOMAS KIRWAN
STREET ADDRESS 8780 AIRNEWOOD WAY
CITY-ST-ZIP SEMINOLE, FL 33777

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

TITLE S ☒ Change ☐ Addition
NAME PAUL PRESTON
STREET ADDRESS 7337 AMHURST LANE
CITY-ST-ZIP CLEARWATER, FL 33764

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

737-397-8400

Daytime Phone #