2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000007314



FILED Mar 29, 2004 8:00 am

TAMPA BAY MAGIC CLUB, INC.							O3-29-2004 90066 044 ****61.25					
Principal Place of Business Mailing Address 11472 64TH AVENUE NORTH 11472 64TH AVENUE NORTH SEMINOLE, FL 33772 SEMINOLE, FL 33772							1 1000121 072	1818£ 1811 88		. 62117 29111 IUS	ED OIRF 1201 CII	
2. Principal Place of Business 3. Mai			3. Mailing Address	ailing Address								
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.	Suite, Apt. #, etc.			02062004	Chg-NF	•	CR2E03	7 (10/03)	
City & State			City & State	City & State			4. FEI Numbe 59-3550					optied For ot Applicable
Zip	Country		Zip	Zip Cour		5. Certificate of Status De			esired	- Fee Hequired		
	Registered Agent				7. Name and	Address o	I New R	egistered A	gent			
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134					Name Street Address (P.O. Box Number is Not Acceptable)							
					City	· · · ·		 -	,	FL	Zip Cod	е
	named entit tions of regist	ty submits this statement for tered agent.	or the purpose of changin	g its register	ed office or re	egistere	d agent, or both	h, in the St	ate of Flo	rida. I am 1	amiliar with,	and accept
SIGNATURE.		for printed name of registered agent	t and title if applicable.	(NOTE: Banistere	d Agent signature	required					, 	
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		ee is \$61.25 May 1, 2004	9. Election	Campaign F	iлалсing		\$5.00 May Be Added to Fees	9		ake check	payable t	
10.			9. Election Trust Fu	Campaign F	inancing ion.] A	\$5.00 May Bo		Flori	ake check Ida Depar	ment of S	tate
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TITLE NAME STREET ADDRESS	Due by N D GAUGHA 1343 DOI	May 1, 2004 OFFICERS AND DI IN, PATRICK NEGAN RD	9. Election Trust Fu RECTORS	Campaign Find Contribut	Financing ion.	P ROBE	\$5.00 May Be Added to Fees DDITIONS/CHA FAT CAFA 3 AALING	ANGES TO	Flori OFFICEI	ake checi Ida Depar	RECTORS IN	late
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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 arri 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:

NING OFFICER OR DIRECTOR