

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000002573

FILED
Sep 09, 2003
Secretary of State

Entity Name: TAMPA ULTIMATE FRISBEE, INC.

Current Principal Place of Business:

125 126TH AVENUE
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

125 126TH AVENUE
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-3574293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, FLOYD
125 126TH AVENUE
TREASURE ISLAND, FL 33706

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, FLOYD E III
Address: 125 126TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPD () Delete
Name: MANKOWSKI, JOHN
Address: 719 17 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: TD () Delete
Name: MYERS, HELEN
Address: 292 42 AVE
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: ALD () Delete
Name: GUSTAFSON, ERIC
Address: 6246 OLIVE AVE
City-St-Zip: SARASOTA, FL 34231

Title: MCD () Delete
Name: MARINELLI, BRETT
Address: 3710 W PLATT ST
City-St-Zip: TAMPA, FL 33609

Title: ALD () Delete
Name: COUNTS, BOB
Address: 641 SATIN LEAF AVE
City-St-Zip: OLDSMAR, FL 34627

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MANKOWSKI

VPD

09/09/2003

Electronic Signature of Signing Officer or Director

Date