

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000003602**

1. Entity Name

TAMPA BAY KICKERS, INC.**FILED**
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90244 050 ****61.25

Principal Place of Business

Mailing Address

100 N TAMPA ST. SUITE 2650
TAMPA FL 33602100 N TAMPA ST. SUITE 2650
TAMPA FL 33602-5860

2. Principal Place of Business

7502 Castil Place

3. Mailing Address

7502 Castil Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FloridaCity & State
Tampa, Florida4. FEI Number
59-3580680Applied For
Not ApplicableZip
33614Country
HillsboroughZip
33614Country
Hillsborough5. 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

FULLER, JEFFERY M
100 N TAMPA ST, SUITE 2650
TAMPA FL 33602Name
Jeff BrattainStreet Address (P.O. Box Number is Not Acceptable)
7502 Castil PlaceCity
TampaFL Zip Code
33614

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

**Jeff Brattain****4/28/2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

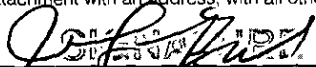
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FULLER, JEFFERY M	
STREET ADDRESS	4611 ACKERLY WAY	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRATTAIN, JEFF	
STREET ADDRESS	7502 CASTIL PLACE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	STREICHER, MIKE	
STREET ADDRESS	6528 THOROUGHbred LOOP	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS CRANDALL	
STREET ADDRESS	4503 Gossamer Ct.	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**NOT REQUIRED****Jeff Brattain****4/28/2000 (813) 354-0161**