

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 17, 2000 08:00 AM
Secretary of State****DOCUMENT # N99000003928****1. Entity Name**

TAMPA BAY SUPER BOWL HOST COMMITTEE, INC.

Principal Place of Business**Mailing Address**C/O DAVID M. MECHANIK
101 EAST KENNEDY BLVD., SUITE 3140
TAMPA FL 33602C/O DAVID M. MECHANIK
101 EAST KENNEDY BLVD., SUITE 3140
TAMPA FL 33602**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**59-3588594**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**MECHANIK DAVID M
101 EAST KENNEDY BLVD., SUITE 3140

TAMPA FL 33602 US

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.)

01/17/2000

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	D	<input type="checkbox"/> Delete
NAME	MECHANIK DAVID	
STREET ADDRESS	101 E KENNEDY BLVD., SUITE 3140	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY MIKE	
STREET ADDRESS	PO BOX 515	
CITY-ST-ZIP	ST PETERSBURG FL 33731	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CATOE PAUL	
STREET ADDRESS	400 N TAMPA STREET SUITE 1010	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	RYALS SHIRLEY	
STREET ADDRESS	401 E JACKSON STREET, SUN TRUST BANK	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY LEONARD	
STREET ADDRESS	PO BOX 2272	
CITY-ST-ZIP	TAMPA FL 33601	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON JACK	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY #600	
CITY-ST-ZIP	TAMPA FL 33607	

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.