2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am - Secretary of State DOCUMENT # N99000003928 TAMPA BAY SUPER BOWL HOST COMMITTEE, INC. 04-23-2001 90042 022 ****61.25 Principal Place of Business Mailing Address C/O DAVID M. MECHANIK C/O DAVID M. MECHANIK 101 EAST KENNEDY BLVD., SUITE 3140 101 EAST KENNEDY BLVD., SUITE 3140 **TAMPA FL 33602** TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3588594 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MECHANIK, DAVID M 101 EAST KENNEDY BLVD., SUITE 3140 **TAMPA FL 33602** City 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) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Change Addition TITLE ☐ Delete WILSON, JACK NAME NAME STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY #600 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33607** n Addition TITLE ☐ Delete TITLE ☐ Change LEVY, LEONARD NAME NAME -STREET ADDRESS STREET ADDRESS PO-BOX-2272---CITY-ST-7IP CITY-ST-7IP **TAMPA FL 33601** D TITLE Delete TITLE Change Addition RYALS, SHIRLEY NAME NAME STREET ADDRESS 401 E JACKSON STREET, SUN TRUST BANK STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33602** ☐ Delete ☐ Addition TITLE ☐ Change CATOE, PAUL NAME 400 N TAMPA STREET SUITE 1010 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP ☐ Delete TITLE ■ Addition KELLY, MIKE NAME NAME STREET ADDRESS PO BOX 515 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33731 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MECHANIK, DAVID NAME STREET ADDRESS STREET ADDRESS 101 E KENNEDY BLVD., SUITE 3140 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** 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 entrustee 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.

Date Davtime Phone #

FILED