

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90466 007 ****61.25

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DOCUMENT # N99000006985

1. Entity Name

TAMPA BAY RAIDERS, INC.

Principal Place of Business

Mailing Address

9423 CORPORATE LAKE DRIVE
TAMPA FL 33634

9423 CORPORATE LAKE DRIVE
TAMPA FL 33634

2. Principal Place of Business

9427 CORPORATE LAKE DR

3. Mailing Address

9427 CORPORATE LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33634

Country

US

Zip

33634

Country

US

4. FEI Number

59-3620573

Applied For

Not Applicable

5. 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

MOORE, STEVEN W ESQ.
8200 BRYAN DAIRY ROAD
STE 300
LARGO FL 33777

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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FEST, CHARLES W JR.
9423 CORPORATE LAKE DRIVE
TAMPA FL 33634 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9427 CORPORATE LAKE DRIVE
TAMPA FL 33634 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FEST, ANTHONY C
9423 CORPORATE LAKE DRIVE
TAMPA FL 33634 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, STEVEN W
8200 BRYAN DAIRY ROAD, SUITE 300
LARGO FL 33777 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
C. BRETT COOPER
201 E KENNEDY BLVD, SUITE 334
TAMPA FLORIDA 33602 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/02

813-886-5597

Date

Daytime Phone #

CR2E037 (9/01)