2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007341

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90200 027 ****61.25

1. Entity Name

TAMPA TIMBERWOLVES, INC.

Principal Place of Business	Mailing Address
17814 FALLOWFIELD DR. LUTZ FL 33549	17814 FALLOWFIELD DR. LUTZ FL 33549

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ 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
TOKARZ, ED JR 17814 FALLOWFIELD DR. LUTZ FL 33549	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 D ☐ Delete NAME TOKARZ, ED JR STREET ADDRESS 17814 FALLOWFIELD DR. CITY-ST-ZIP LUTZ FL 33549		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME TOKARZ, NANCY STREET ADDRESS 17814 FALLOWFIELD DR. CITY-ST-ZIP LUTZ FL 33549		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME RUSSELL, JEREMIAH STREET ADDRESS 18311 DOLLYBROOK LN. CITY-ST-ZIP LUTZ FL 33549		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME SIMS, JOSEPH STREET ADDRESS 14508 THORNFIELD CT CITY-ST-ZIP TAMPA FL 33549		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME SIMS, MARGE STREET ADDRESS 14508 THORNFIELD CT CITY-ST-ZIP TAMPA FL 33549		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME BAILES, CRYSTAL STREET ADDRESS 16362 NORTHDALE OAKS DR. CITY-ST-ZIP TAMPA FL 33624		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037 (9/99)

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: Edward Tokarz (Edward Tokarz, Jr.) 2/26/00 (813) 962-4448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #