2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000016573** Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** TALLAHASSEE THUNDERWOLVES FOOTBALL CLUB, INC. 01-24-2000 90100 006 ***150.00 Principal Place of Business Mailing Address 505 WEST PENSACOLA STREET 505 WEST PENSACOLA STREET SUITE B SUITE B TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-1619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3436200 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERGUSON, MICHAEL L. Street Address (P.O. Box Number is Not Acceptable) 505 WEST PENSACOLA STREET SUITE B TALLAHASSEE FL 32301 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CTD ☐ Addition ☐ Delete TITLE Change ELMORE, DAVID NAME STREET ADDRESS 3200 DECKER LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WEST VALLEY CITY UT 84119** PSD : ☐ Change TITLE ☐ Delete ☐ Addition NAME TUTTLE, DONNA NAME STREET ADDRESS 1800 CENTURY PARK AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MANHATTAN BEACH CA 90266 VPGM **VPGM** Change Addition Delete TITLE TITLE Francis Bonasorie 505 W. Pensacola Stg. B TALLIHASSEC, FL 3230/ SLOBODA, JOE NAME NAME STREET ADDRESS 133 N. MONROE STREET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32301 CITY-ST-7IP **VPF** Delete TITLE ☐ Change ☐ Addition TITLE MCCORD, MILLARD NAME NAME STREET ADDRESS 133 N. MONROE STREET STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of the reserved trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receipt changed, or on an attachmen with an address. all other like empo DANCIS BONASORTE

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT