

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90004 024 ****61.25

DOCUMENT # N01011

1. Entity Name

WING DING SPORTS ASSOCIATION, INC.

P

Principal Place of Business

1407 W GARDEN ST
 PENSACOLA FL 32501

Mailing Address

PO BOX 771
 PENSACOLA FL 32594-0771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2916606

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RIGGS, JR., ROBERT
1407 W. GARDEN STREET
PENSACOLA FL 32501

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
After September 13, 2000 min. will be \$236.25

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 | P | <input type="checkbox"/> Delete |
| STREET ADDRESS | RIGGS, BOBBY | |
| CITY-ST-ZIP | 1407 W GARDEN ST. | |
| | PENSACOLA FL | |
| TITLE NAME | V | <input type="checkbox"/> Delete |
| STREET ADDRESS | HOLIFIELD, JIM | |
| CITY-ST-ZIP | 3741 MACKAY COVE DR. | |
| | PENSACOLA FL | |
| TITLE NAME | D | <input type="checkbox"/> Delete |
| STREET ADDRESS | KELLEY, DAN | |
| CITY-ST-ZIP | 1444 COLLEGE PARK WAY | |
| | GULF BREEZE FL 32561 | |
| TITLE NAME | D | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | REINSCHMIDT, DUTCH | |
| CITY-ST-ZIP | #7 PEAKES FAIRPOINT | |
| | GULF BREEZE FL | |
| TITLE NAME | D | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | CLELAND, COOK | |
| CITY-ST-ZIP | 294 SEVERIN DR | |
| | PENSACOLA FL | |
| TITLE NAME | S | <input type="checkbox"/> Delete |
| STREET ADDRESS | BERCIER, DR. CHARLES H JR. | |
| CITY-ST-ZIP | 5111 PRIETO DR. | |
| | PENSACOLA FL | |

| | | |
|----------------|-------------------------------|--|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | JOE ROBINSON | |
| CITY-ST-ZIP | 9000 PALAFOX HWY. # 29 | |
| | PENSACOLA, FL. 32514 | |
| TITLE NAME | DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | FRED WATKINS | |
| CITY-ST-ZIP | 3344 EL PRADO DRIVE | |
| | GULF BREEZE, FL 32561 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE:

Robert Riggs, Jr. **ROBERT RIGGS, JR.**

8/28/00

850 432-8376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)