

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N14768

1. Entity Name

TIMUCUA POP WARNER FOOTBALL CONFERENCE, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-05-2000 90080 008 ****70.00

Principal Place of Business 626 SW 4TH ST GAINESVILLE FL 32601	Mailing Address 626 SW 4TH ST GAINESVILLE FL 32601-6654
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2. Principal Place of Business 1894 W. Union Street Suite, Apt. #, etc.	3. Mailing Address P.O. Box 392 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Hernando, Florida	City & State Lecanto, Florida	4. FEI Number 11-0602442	Applied For ☒ Not Applicable
Zip 34442	Country USA	Zip 34460	Country USA
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent JACKSON, LANA 626 SW 4TH ST GAINESVILLE FL 32601	7. Name and Address of New Registered Agent Name Dane Bargiel Street Address (P.O. Box Number is Not Acceptable) 1894 W. Union Street City Hernando, FL Zip Code 34442
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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 *Dane Bargiel* DATE *4/27/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, LANA 626 SW 4TH ST GAINESVILLE FL 32601 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD David Hunter RT. 3 Box 1558-L Lake Butler, FL 32054 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEWITT, ED 10830 N SHADY HILLS PT DUNNELLON FL 34433 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kathy Theus 14715 N.W. 218 Th Ave. Alachua, FL 32615 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARGIEL, DANE 1894 W. UNION STREET HERNANDO FL 34442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JUDD, GARY 3450 E CINDT LN INVERNESS FL 34453 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☒ 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: *Dane Bargiel* DATE *4/27/00* (352) 746-5235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)