2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State
08-21-2003 90111 012 ****61.25

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DOCUMENT # N14768

1. Entity Name
TIMUCUA POP WARNER FOOTBALL CONFERENCE, INC.

Principal Place of Business	Mailing Address
3450 E CINDY LN INVERNESS FL 34453 US	3450 E CINDY LN INVERNESS FL 34453 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6046 E. Oneida St	6046 E. Oneida St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Inverness FL	City & State: Inverness FL
Zip: 34450 Country: USA	Zip: 34450 Country: USA.

4. FEI Number 11-0602442 ☐ 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
JUDD, GARY 3450 E CINDY LN INVERNESS FL 34453	Name: Scott Bender Street Address (P.O. Box Number is Not Acceptable): 6046 E. Oneida Street City: Inverness FL Zip Code: 34452

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Scott Bend — Scott Bender — 8/18/03
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 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUNTER, DAVID RT. 3 BOX 1558-1 LAKE BUTLER FL 32054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OWEN, GARY 12539 BROOKSIDE ST SPRING HILL FL 34609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Scc Dennis Treadway 6139 W. Pine Circle Crystal R 34429 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOULD, KEVIN 15803 NW 120TH PLACE ALACHUA FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JUDD, GARY 3450 E CINDT LN INVERNESS FL 34453	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trcs. Scott Bender 6046 E. Oneida St Inverness, FL 34452 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SMITH, DENISE 3515 N BROOKSHIRE PT CRYSTAL RIVER FL 34428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JUDD, BONNIE 3450 E CINDY LN INVERNESS FL 34453	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/03)

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 Trcs. 9-18-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #