

DOCUMENT # N94000004674

1. Entity Name

ALL SPORTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

198 NE ELGIN PKWY
FORT WALTON BEACH FL 32548

P.O. BOX 2591
SUITE 301J
FT WALTON BEACH FL 32549
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft Walton Bch FL 32549

4. FEI Number

59-3224296

Applied For

Not Applicable

Zip

Country

Zip
32549

Country

OKaloosa

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

CAMPBELL, JAMES C C
4 ELEVETH AVE SUITE 2
SHALIMAR FL 32579

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHAW, TIM
P.O. BOX 1510 N/A
FT WALTON BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HOLLEY, CHRIS
38 COUNTRY CLUB RD
SHALIMAR FL 32579

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BRASSELL, THOMAS S
220 YACHT CLUB DR
FORT WALTON BEACH FL 32548

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENDERSON, JOSEPH W
45 BEAL PKWY
FT. WALTON BEACH FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treas
Sean Clancy
5 Sherwood Rd
Fort Walton Beach FL 32547
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
POTTS, CHARLES A
345 SUDDUTH CIRCLE
FORT WALTON BEACH FL 32548

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WALLACE, W W
10221 W EMERALD COAST PKWY
DESTIN FL 32541

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90028 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)