

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

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90143 029 ****61.25

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

Zip

Country

Zip

Country

4. FEI Number **59-3224296**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

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 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	D SHAW, TIM P.O. BOX 1510 N/A FT WALTON BEACH FL	☒ Delete
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	T BRASSELL, THOMAS S 220 YACHT CLUB DR FORT WALTON BEACH FL 32548	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLANCY, SEAN 5 SHERWOOD RD FORT WALTON BEACH FL 32547	☒ Delete
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		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Long, Gary P.O. Box 548, Niceville, FL 32578	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP Watts, John 20 Hill Avenue, Fort Walton Beach, FL 32548	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Smith, Gene 1350 W. Baldwin Ave., DeFuniak Springs, FL 32433	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Chavez, Dennis 35008 Emerald Coast Pkwy, Suite 301 Destin, FL 32541	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Same	☒ Change ☐ Addition
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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)