

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000977

1. Entity Name

DUNNELLON POP WARNER FOOTBALL & CHEERLEADING, INC.

Principal Place of Business

20319 E PENNSYLVANIA AVE
DUNNELLON FL 34432

Mailing Address

20319 E PENNSYLVANIA AVE
DUNNELLON FL 34432

2. Principal Place of Business

11722 Mockingbird Dr.

3. Mailing Address

PO Box 1137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunnellon, FL

City & State

Dunnellon, FL

Zip

34432

Country

USA

Zip

34430

Country

USA

4. FEI Number

59-3484407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEGEORGE, ANGELA W
12025 SW 103RD LANE
DUNNELLON FL 34432

7. Name and Address of New Registered Agent

Name: Hannah, Kimberly B.
Street Address (P.O. Box Number is Not Acceptable): 11722 Mockingbird Dr.
City: Dunnellon FL Zip Code: 34432

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: Kimberly B. Hannah / Treasurer

9/9/01

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 12, 2001, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DEGEORGE, ANGELA W	
STREET ADDRESS	12025 SW 103RD LANE	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEWITT, EDDIE	
STREET ADDRESS	10830 N SHADY HILLS POINT	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEWITT, KIMBERLY E	
STREET ADDRESS	10830 N SHADY HILLS POINT	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNAH, KIMBERLY B	
STREET ADDRESS	11722 MOCKINGBIRD DR	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAUCERI, ARTHUR	
STREET ADDRESS	20081 SW 83RD ST	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEELY, SUZANNE M	
STREET ADDRESS	13654 SE COUNTY RD 336	
CITY-ST-ZIP	DUNNELLON FL 34432	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cocke, Terri	
STREET ADDRESS	11564 Osage Rd	
CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meek, Jeff	
STREET ADDRESS	21661 SW 102nd St. Rd.	
CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mauceri, Sheila	
STREET ADDRESS	21245 Palatka Dr.	
CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mauceri, Arthur	
STREET ADDRESS	21245 Palatka Dr.	
CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Kimberly B. Hannah / Treasurer 9/9/01

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90014 017 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)