

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001456

1. Entity Name

PRO ATHLETES OUTREACH, INC.

Principal Place of Business

72 EAST SUNSET WAY
ISSAQUAH WA 98027
US

Mailing Address

P.O. BOX 1044
ISSAQUAH WA 98027

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

23-7400293

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

HUNTER, E T
1930 TYLER STREET
HOLLYWOOD FL 33020

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 DP ☐ Delete
NAME EVANS, NORMAN
STREET ADDRESS 15731 TIGER MOUNTAIN ROAD
CITY-ST-ZIP ISSAGUAH WA 98027

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

TITLE ED ☐ Delete
NAME EVANS, BARBARA
STREET ADDRESS 15731 TIGER MOUNTAIN ROAD
CITY-ST-ZIP ISSAGUAH WA 98027

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

TITLE D ☐ Delete
NAME CESARI, STEVE
STREET ADDRESS 295 LANDFALL ROAD
CITY-ST-ZIP ATLANTA GA

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

TITLE D ☐ Delete
NAME CESARI, INDY
STREET ADDRESS 295 LANDFALL ROAD
CITY-ST-ZIP ATLANTA GA

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

TITLE D ☐ Delete
NAME DAVIS, ALVIN
STREET ADDRESS 1221 FLEMINGTON ROAD
CITY-ST-ZIP RIVERSIDE CA

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

TITLE D ☐ Delete
NAME DAVIS, KIM
STREET ADDRESS 1221 FLEMINGTON ROAD
CITY-ST-ZIP RIVERSIDE CA

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)