

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90103 040 ****61.25

DOCUMENT # N00000000977

1. Entity Name

DUNNELLO POP WARNER FOOTBALL & CHEERLEADING, IN C.

Principal Place of Business

Mailing Address

11722 MOCKINGBIRD DRIVE
 DUNNELLO FL 34432

P.O. BOX 1137
 DUNNELLO FL 34430

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

59-3484407

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

HANNAH, KIMBERLY B
11722 MOCKINGBIRD DR
DUNNELLO FL 34432

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

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **DEGEORGE, ANGELA W**
 STREET ADDRESS **12025 SW 103RD LANE**
 CITY-ST-ZIP **DUNNELLO FL 34432**

TITLE **Secretary, Director** ☐ Change ☒ Addition
 NAME **Terry Darnell**
 STREET ADDRESS **11564 Osage Rd.**
 CITY-ST-ZIP **Dunnebbn, FL 34431**

TITLE **D** ☐ Delete
 NAME **DEWITT, EDDIE**
 STREET ADDRESS **10830 N SHADY HILLS POINT**
 CITY-ST-ZIP **DUNNELLO FL 34432**

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

TITLE **D** ☐ Delete
 NAME **DEWITT, KIMBERLY E**
 STREET ADDRESS **10830 N SHADY HILLS POINT**
 CITY-ST-ZIP **DUNNELLO FL 34433**

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

TITLE **D** ☐ Delete
 NAME **HANNAH, KIMBERLY B**
 STREET ADDRESS **11722 MOCKINGBIRD DR**
 CITY-ST-ZIP **DUNNELLO FL 34432**

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

TITLE **D** ☐ Delete
 NAME **MAUCERI, ARTHUR**
 STREET ADDRESS **21245 PALATKA DR**
 CITY-ST-ZIP **DUNNELLO FL 34431**

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

TITLE **D** ☐ Delete
 NAME **NEELY, SUZANNE M**
 STREET ADDRESS **13654 SE COUNTY RD 336**
 CITY-ST-ZIP **DUNNELLO FL 34432**

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 all other like empowered.

SIGNATURE:

Kimberly B. Hannah / Kimberly B. Hannah 9/13/02 (352) 465-0777

CR2E037 (4/02)