2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003
Secretary of State

DOCUMENT# N94000005543

Entity Name: WESTERN COMMUNITIES FOOTBALL LEAGUE, INC.

Current Principal Place of Business:

12207 OLD COUNTRY RD
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

12207 OLD COUNTRY RD
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0525236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, DAVE
12207 OLD COUNTRY RD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ROBINSON, DAVE	
Address:	12207 OLD COUNTRY RD	
City-St-Zip:	WELLINGTON, FL 33414 US	
Title:	VD	( ) Delete
Name:	NELSON, TONY	
Address:	1609 PRIMROSE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	SD	( ) Delete
Name:	SHARKEY, BRENDA	
Address:	1155 PINE DR	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	TD	( ) Delete
Name:	DAVIS, JAMES	
Address:	1373 BEAMPTON COVE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	PICONELLI, JOE	
Address:	111 SEAFORD DR	
City-St-Zip:	WELLINGTON, FL 33414	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. DAVIS TD 04/07/2003

Electronic Signature of Signing Officer or Director — Date