

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702878

1. Entity Name

POP WARNER MIDGET FOOTBALL ASSOCIATION OF CHARLO

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90067 050 \*\*\*\*70.30

Principal Place of Business

Mailing Address

P.O. BOX 510944  
PUNTA GORDA FL 33951-0944  
US

P.O. BOX 510944  
PUNTA GORDA FL 33951-0944  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1656210

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEPHENSON, CHRIS  
23212 MCQUEEN AVE  
PORT CHARLOTTE FL 33986

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 VPD ☒ Delete  
NAME GAMBLE, RONNIE  
STREET ADDRESS 27342 DEEP CREEK BLVD  
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE VPD ☒ Change ☐ Addition  
NAME Jeff Kirkpatrick  
STREET ADDRESS 431 Burland St  
CITY-ST-ZIP Punta Gorda, Fl. 33950

TITLE PD ☐ Delete  
NAME STEPHENSON, CHRIS  
STREET ADDRESS 2312 MCQUEEN AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

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

TITLE SD ☐ Delete  
NAME CHILDERS, ELLEN  
STREET ADDRESS 7897 HILLMAN AVE  
CITY-ST-ZIP PUNTA GORDA FL 33902

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

TITLE TD ☐ Delete  
NAME ZEEMAN, SANDRA  
STREET ADDRESS 27330 SUNSET DR  
CITY-ST-ZIP PUNTA GORDA FL 33955

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Sandra Zeeman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-00

Date

941-693-9233

Daytime Phone #

CR2E037 (9/99)