

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90700 041 ****61.25

DOCUMENT # 702878

1. Entity Name

**POP WARNER MIDGET FOOTBALL ASSOCIATION OF CHARLO
TTE COUNTY, INC.**

Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

52-1656210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEPHENSON, CHRIS
23212 MCQUEEN AVE
PORT CHARLOTTE FL 33986**

7. Name and Address of New Registered Agent

Name

Jeff Kirkpatrick

Street Address (P.O. Box Number is Not Acceptable)

431 Burland Street

City

Punta Gorda FL 33950

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

Jeff Kirkpatrick

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

TITLE **VPD** ☒ Delete
NAME **KIRKPATRICK, JEFF**
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 **SD** ☒ Delete
NAME **CHILDERS, ELLEN**
STREET ADDRESS **7897 HILLMAN AVE**
CITY-ST-ZIP **PUNTA GORDA FL 33902**

TITLE **TD** ☐ Delete
NAME **SEXTON, SUSIE**
STREET ADDRESS **31770 WASHINGTON LOOP RD**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☐ Addition
NAME **John Qualls**
STREET ADDRESS **27214 SAN MARCO DR**
CITY-ST-ZIP **Punta Gorda FL 33983**

TITLE **PD** ☒ Change ☐ Addition
NAME **Jeff Kirkpatrick**
STREET ADDRESS **431 Burland Street**
CITY-ST-ZIP **Punta Gorda FL 33950**

TITLE **SD** ☒ Change ☐ Addition
NAME **Stacey Dionne**
STREET ADDRESS **3473 Syracuse Street**
CITY-ST-ZIP **Port Charlotte FL 33952**

TITLE **TD** ☐ Change ☐ Addition
NAME **Susie Sexton**
STREET ADDRESS **31770 Washington Loop Rd**
CITY-ST-ZIP **Punta Gorda FL 33982**

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED (Jes)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

Date

941-639-3666

Daytime Phone #

CR2E037 (9/01)