

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90129 004 ****61.25

0051974

DOCUMENT # 702878

1. Entity Name

POP WARNER MIDGET FOOTBALL ASSOCIATION OF CHARLOTTE 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

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**KIRKPATRICK, JEFF
431 BURLAND STREET
PUNTA GORDA FL 33950**

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Delete
NAME **QUALLS, JOHN**
STREET ADDRESS **27214 SAN MARCO DR**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Gamble, Ronnie**
STREET ADDRESS **27342 Deep Creek Blvd**
CITY-ST-ZIP **Punta Gorda, FL 33983**

TITLE **PD** ☐ Delete
NAME **KIRKPATRICK, JEFF**
STREET ADDRESS **431 BURLAND STREET**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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

TITLE **SD** ☐ Delete
NAME **STACEY, DIONNE**
STREET ADDRESS **3473 SYRACUSE STREET**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

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

TITLE **SD** ☐ Change ☒ Addition
NAME **Lisa Stepp**
STREET ADDRESS **Burland Street**
CITY-ST-ZIP **Punta Gorda, FL 33950**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/03

CR2E037 (10/02)