

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718136

1. Entity Name

CLEWISTON JR. FOOTBALL ASSN., INC.

Principal Place of Business

104 BOND STREET
CLEWISTON FL 33440
US

Mailing Address

P O BOX 1138
CLEWISTON FL 33440-1138
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

POTTER, JOHN M
300 E. VENTURA AVE.
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

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

TITLE VP
NAME BERAZA, CHRIS
STREET ADDRESS P.O. BOX 1003 N/A
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

TITLE P
NAME CUTSHAW, BEN
STREET ADDRESS 1708 SHANE ST.
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

TITLE S
NAME HELMS, JERRY
STREET ADDRESS 615 RIDGEVIEW CIRCLE
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

TITLE TD
NAME REDISH, RICK
STREET ADDRESS 104 BOND ST.
CITY-ST-ZIP CLEWISTON FL ☐ Delete

TITLE D
NAME HELMS, DEANNA
STREET ADDRESS 615 RIDGEVIEW CIRCLE
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

TITLE D
NAME BARNES, RALPH
STREET ADDRESS 335 W. ARCADE
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

Ricky R Redish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90021 046 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)