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FILED  
Mar 14, 2001 8:00 am  
Secretary of State

02-03-2001 90301 027 \*\*\*\*61.25

Entity Name  
**CLEWISTON JR. FOOTBALL ASSN., INC.** 718136 ✓

Principal Place of Business: 104 BOND STREET, CLEWISTON FL 33440, US  
 Mailing Address: P O BOX 1138, CLEWISTON FL 33440-1003, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 306 Bond St  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Clewiston FL  
 Zip: 33440, Country: USA

4. FEI Number: NOT APPLICABLE  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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: Ricky Redish Ricky Redish DATE: 1-30-01

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 Make Check Payable to Department of State  
 FILE NOW: FEE IS \$61.25

10. OFFICERS AND DIRECTORS	
TITLE: VP NAME: BERAZA, CHRIS STREET ADDRESS: P.O. BOX 1003 N/A CITY-ST-ZIP: CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE: P NAME: CUTSHAW, BEN STREET ADDRESS: 1708 SHANE ST. CITY-ST-ZIP: CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE: S NAME: HELMS, JERRY STREET ADDRESS: 615 RIDGEVIEW CIRCLE CITY-ST-ZIP: CLEWISTON FL 33440	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: REDISH, RICK STREET ADDRESS: 104 BOND ST. CITY-ST-ZIP: CLEWISTON FL	<input type="checkbox"/> Delete
TITLE: D NAME: HELMS, DEANNA STREET ADDRESS: 615 RIDGEVIEW CIRCLE CITY-ST-ZIP: CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE: D NAME: BARNES, RALPH STREET ADDRESS: 335 W. ARCADE CITY-ST-ZIP: CLEWISTON FL 33440	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: Chris Beraza - Pres. STREET ADDRESS: PO Box 1003 CITY-ST-ZIP: Clewiston, FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Ben Cutshaw-VP STREET ADDRESS: 1708 Shane St CITY-ST-ZIP: Clewiston, FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Tuesday Ortega - Treasurer STREET ADDRESS: 326 Ventura Ave CITY-ST-ZIP: Clewiston FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Ricky Redish STREET ADDRESS: 306 Bond St CITY-ST-ZIP: Clewiston FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Terry Combass- Director STREET ADDRESS: 828 Bayberry Loop CITY-ST-ZIP: Clewiston, FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Renee Mergott STREET ADDRESS: 1550 Old Hwy 27 #263 CITY-ST-ZIP: Clewiston, FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED DATE: 1-30-01 Daytime Phone #: 863-983-3133

CR2E037 (10/00)