

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718136

1. Entity Name

CLEWISTON JR. FOOTBALL ASSN., INC.

Principal Place of Business

Mailing Address

306 BOND STREET
CLEWISTON FL 33440
US

P O BOX 1138
CLEWISTON FL 33440-1003
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

7. Name and Address of New Registered Agent

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

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 P
NAME BEROZA, CHRIS
STREET ADDRESS PO BOX 1003
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

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

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

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

TITLE T
NAME ORTEGA, TUESDAY
STREET ADDRESS 326 VENTURA AVE
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

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

TITLE TD
NAME REDISH, RICKY
STREET ADDRESS 306 BOND ST
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

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

TITLE D
NAME COMBASS, TERRY
STREET ADDRESS 828 BAYBERRY LOOP
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

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

TITLE D
NAME MERGOTT, RENEE
STREET ADDRESS 1550 OLD HWY 27 #263
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

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 information.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

Treas 1-7-02 863-983-3133

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90001 043 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)