

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BEROZA, CHRIS</b>	
STREET ADDRESS	<b>PO BOX 1003</b>	
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CUTSHAW, BEN</b>	
STREET ADDRESS	<b>1708 SHANE ST</b>	
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ORTEGA, TUESDAY</b>	
STREET ADDRESS	<b>328 VENTURA AVE</b>	
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>REDISH, RICKY</b>	
STREET ADDRESS	<b>306 BOND ST</b>	
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COMBASS, TERRY</b>	
STREET ADDRESS	<b>828 BAYBERRY LOOP</b>	
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERGOTT, RENEE</b>	
STREET ADDRESS	<b>1550 OLD HWY 27 #263</b>	
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:

*Signature Required - 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)