2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # 719888** 1. Entity Name SEMINOLE JUNIOR WARHAWKS ATHLETIC ASSOCIATION. I 04-30-2001 90078 044 ****61.25 Principal Place of Business Mailing Address 11500-125TH ST. N. P. O. BOX 7332 LARGO FL 33774 SEMINOLE FL 33775-7332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 51-0188572 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Koberts CERF, OLIVIER 9330 EAST BAY SEMINOLE FL 33776 8. The above named entity submits this statement/or the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Po ☐ Addition TITI F ■ Delete TITLE Roberts, Timothy 11644 murray ave CERF, OLIVIER NAME NAME P O BOX 7332 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33775-7332 CITY-ST-ZIP Largo, Fl Change Delete ☐ Addition TITLE TITLE - 10 Chris Brogle 8653 Pinetree (PATRICK, GINGER NAME NAME 3928 15TH AVE SE STREET ADDRESS STREET ADDRESS LARGO FL 33771 --- ---CITY-ST-ZIP CITY-ST-ZIP Seminole **VPD** Change ☐ Addition ☐ Delete TITLE Gyorkos ROBERTS, TIM NAME NAME P O BOX 7332 STREET ADDRESS 13551 Oval STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33775-7332 ☐ Change ☐ Addition Delete TITLE TITLE HOCHSPTUNF, ANNE NAME NAME P O BOX 7332 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SEMINOLE FL 33775-7332** Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all effect in the components.

864MRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: