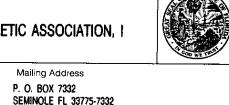
## 2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 719888**

1. Entity Name



FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90062 048 \*\*\*\*61.25

SEMINOI NCORPO	le Junior Warhawks ath Drated	HLETIC ASSOCIATION			01-09-2003 90002 048 ****	01.23	
11500-125TH ST. N. P. O		Mailing Address P. O. BOX 7332 SEMINOLE FL 33775-733 US	O. BOX 7332 EMINOLE FL 33775-7332				
2. Principal	Place of Business	3. Mailing Address	·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 51-0188572 Applied For		
Zip	Country	Zip	Country	5. Certificate of Star	tus Desired		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Addr	Fee Requ	ired	
:			Name	Name and Addr	eas of New Registered Agent		
ROBERTS, TIMOTHY 11644 MURRAY AVE			Street Addres	Address (P.O. Box Number is Not Acceptable)			
LARGO	FL 33778					·-	
. <u>.</u>			City	· •	FL Zip Co	ode	
8. The above the obligation of	re named entity submits this statement ations of registered agent.	for the purpose of changing	its registered effice or regis	teres agent, or both, in th	ne State of Florida. I am familiar wit	n, and accept	
SIGNATURE		erts	July	Vedet	1-3-03		
4	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registered Agent signature requi	ired when reinstating)	DATE		
e <sub>y</sub>	FILE NOW: FEE IS \$61.25	1	9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable Florida Department of	e to State	
10.	OFFICERS AND C	PIRECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, TIMOTHY 11644 MURRAY AVE LARGO FL 33778	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS	VPD Gyorks, Guy	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ Change	Addition	
CITY-ST-ZIP	LARGO_FL_33774		CITY-ST-ZIP		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
TITLE NAME STREET ADORESS CITY-ST-ZIP	SD STEVEN, SIESEL 14013 STARBOARD DR SEMINOLE FL 33776	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLIMINOLE 1 E 00//0	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE		☐ Delete	TITLE NAME		Change	Addition	

of the corporation or the receiver or trustee empowered he 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 ther like empowered.

SIGNATURE: