

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2002 8:00 am**
Secretary of State

02-13-2002 90246 017 ****70.00

DOCUMENT # 734050

1. Entity Name

CANTONMENT FOOTBALL CLUB, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 122
CANTONMENT FL 32533**POST OFFICE BOX 122**
CANTONMENT FL 32533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0201946

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFITH, DENNIS
1101 HADLEY LN.
CANTONMENT FL 32533Name **Connie Killam**

Street Address (P.O. Box Number is Not Acceptable)

10001 Palafax Hwy Lot H**Pensacola****FL****Zip Code 32534**

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

Killam INC**CONNIE Killam, Treasurer 01-16-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **PD** ☒ Delete
NAME **GRIFFITH, DENNIS**
STREET ADDRESS **1101 HADLEY LN.**
CITY-ST-ZIP **CANTONMENT FL 32533**TITLE **V** ☒ Delete
NAME **GODWIN, RICKY**
STREET ADDRESS **2341 RIDDLE RD.**
CITY-ST-ZIP **CANTONMENT FL 32533**TITLE **SD** ☒ Delete
NAME **CLARK, KATHY**
STREET ADDRESS **1500 ROUGE LN.**
CITY-ST-ZIP **CANTONMENT FL 32533**TITLE **TD** ☐ Delete
NAME **KILLAM, CONNIE**
STREET ADDRESS **10001 PALAFOX HWY LOT H**
CITY-ST-ZIP **PENSACOLA FL 32534**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Daniel Norwood** ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **1249 Wishbone Lane**
CITY-ST-ZIP **Cantonment, FL 32533**TITLE **Russell Bracken** ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **1120 Jacks Boulevard**
CITY-ST-ZIP **Cantonment, FL 32533**TITLE **Bonnie Norwood** ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **1249 Wishbone Lane**
CITY-ST-ZIP **Cantonment, FL 32533**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 empowered.

SIGNATURE: **Killam INC**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-16-02

CR2E037 (9/01)