2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 26, 2001 8:00 am Secretary of State **DOCUMENT # 744405** 1. Entity Name LUTZ CHIEFS PPAL YOUTH FOOTBALL AND CHEERLEADING 02-26-2001 90517 044 ****61.25 Principal Place of Business Mailing Address 770 LUTZ LAKE FERN ROAD P.O. BOX 1006 LUTZ FL 33549-1006 LUTZ FL 33549-1006 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0898751 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOOTEN P.O. Box Number is Not Street Address DAWN, SHANAHAN 17613 WHISTLING LANE **LUTZ FL 33549** 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. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Department of State FEE IS \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete. TITLE ☐ Channe ☐ Addition WROTEN, SUZANNE NAME NAME STREET ADDRESS 17300 N. DALE MABLEY STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP AD TITLE ☐ Addition TITLE ☐ Delete ☐ Change COLE, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 1512 CORN MADE CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** Change -Addition. Delete ----Panater, Cynthia Renee 18613 San Rio Circle TURNER, JAMES C JR NAME NAME STREET ADDRESS 17611 WHISTLING LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** 1112, FL 33549 ☐ Change ☐ Addition **∠**7 Delete SHANAHAN, DAWN NAME NAME 17613 WHISTLING LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.