2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

address, with all other like empowered.

Feb 14, 2002 8:00 am DOCUMENT # **751191 Secretary of State** 1. Entity Name 02-14-2002 90081 013 ****61.25 BELLVIEW ATHLETIC ASSOCIATION, INC. Principal Place of Business Mailing Address ROUTE 10 BOX 535 P. O. BOX 37014 PENSACOLA FL 32526 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address 4750 Longleof DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2151226 Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) VINYARD, DON 2712 EUREKA LANE PENSACOLA FL 32526 City Zip Code FL 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 1-26-2007 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Addition (9/01 TITLE ☐ Delete TITLE ☐ Change VINYARD, DON NAME NAME STREET ADDRESS STREET ADDRESS 2712 EUREKA LANE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL $\overline{\tau o}$ Change -☐ Addition TITI F ✓ Delete Julie HAWKINS NAME Johnson, Janet NAME 5648 Turkey Rd STREET ADDRESS STREET ADDRESS 2244 VALLE ESCONDIDO DR CITY-ST-ZIP CITY-ST-ZIP Pensaccla, 71 32526 PENSACOLA FL 32526 Change ☐ Addition Delete TITLE TITLE Rene' Rodrigues NAME STOKLEY, TAMMY NAME 7410 Gunter LA STREET ADDRESS STREET ADDRESS 6198 GREEN ACRES DR Pensacula, 71 32524 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32526 TITLE ☐ Delete ☐ Change ☐ Addition GARY Madin NAME NAME 7317 Gunter Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pensacola, 71 30524 CITY-ST-ZIP Defete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE 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 if

FILED