

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # 756089

1. Entity Name

DIXIE JUNIOR REBELS, INCORPORATED

FILED
May 15, 2000 8:00 am
Secretary of State

03-01-2000 90093 006 ****61.25

Principal Place of Business
7400 62ND TERRACE NORTH
POST OFFICE BOX 2715
PINELLAS PARK FL 34865-4830

Mailing Address
7400 62ND TERRACE NORTH
POST OFFICE BOX 2715
PINELLAS PARK FL 33780-2715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2159865

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOSTICK, W.G.
31 57TH STREET N
ST. PETERSBURG FL 33710

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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 NAME STREET ADDRESS CITY-ST-ZIP	AD WILSON, ERIC 2701 13TH AVE N ST PETERSBURG FL	<input checked="" type="checkbox"/> Delete (See Correction) →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANRINI, GENE 3588 CIRCLE CREEK DR. PINELLAS PARK FL 33781	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUCKETT, DOUG 6105 54TH AVE. N. ST. PETERSBURG FL 33709	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSTICK, W.G. JR 25 58TH ST N ST. PETERSBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALZONED, PENNY 3501 41 ST. N. ST. PETERSBURG FL 33713	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD WILSON, ERIC 4820 17TH AVE. N. ST. PETE FL 33713	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD RICK WILSON 4820 17TH AVENUE NORTH ST PETE FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENNIS CLARKSTON 6066 43RD TERRACE NORTH ST PETE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENE SAURINI 6835 CIRCLE CREEK DR PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERRY MURRAY 5901 36TH AVENUE NORTH ST PETE, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Gene A. Saurini 1/24/00 727-591-3263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)