

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756089

1. Entity Name

DIXIE JUNIOR REBELS, INCORPORATED

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90013 048 ****61.25

Principal Place of Business

7400 62ND TERRACE NORTH
POST OFFICE BOX 2715
PINELLAS PARK FL 34665-4830

Mailing Address

7400 62ND TERRACE NORTH
POST OFFICE BOX 2715
PINELLAS PARK FL 34665-4830

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

59-2159865

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

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. ☐

\$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 AD ☒ Delete
NAME WILSON, RICK
STREET ADDRESS 4820 17TH AVENUE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33713

TITLE AD ☐ Change ☒ Addition
NAME MIKE MAPES
STREET ADDRESS 7273 60th AVE N.
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE VPD ☒ Delete
NAME CLARKSTON, DENNIS
STREET ADDRESS 6066 43RD TERRACE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL

TITLE VP ☐ Change ☒ Addition
NAME DAVID CAUCHON
STREET ADDRESS 5200-98th TERRACE
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE PD ☐ Delete
NAME SAURINI, GENE
STREET ADDRESS 6835 CIRCLE CREEK DRIVE
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE TREASURER ☐ Change ☒ Addition
NAME Kim Campbell
STREET ADDRESS 8485 TACARANDA
CITY-ST-ZIP SEMINOLE, FL 33777

TITLE SD ☐ Delete
NAME MURRAY, SHERRY
STREET ADDRESS 5901 36TH AVENUE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/01

727-445-9770

CR2E037 (10/00)