

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90105 029 ****61.25

DOCUMENT # 756089

1. Entity Name

DIXIE JUNIOR REBELS, INCORPORATED

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

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

7. Name and Address of New Registered Agent

Name

SAURINI, GENE

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

6835 Circle Creek Dr

City

Pinellas Park

FL

Zip Code

33781

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/29/02

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

TITLE **T** ☐ Delete
 NAME **CAMPBELL, KIM**
 STREET ADDRESS **8485 JACARANDA**
 CITY-ST-ZIP **LARGO FL 33777**

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

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

TITLE **AD** ☐ Delete
 NAME **MAPES, MIKE**
 STREET ADDRESS **7273 60 TH AVE NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **VP** ☐ Delete
 NAME **CAUCHON, DAVID**
 STREET ADDRESS **5200- 98TH TERRACE**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
 NAME **SD Johnson, PATRICIA**
 STREET ADDRESS **5694- 56 Terr No.**
 CITY-ST-ZIP **St. Petersburg, FL 33709**

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

TITLE ☐ Change ☐ Addition
 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 all other like empowered.

SIGNATURE:

[Signature] **Patricia Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-544-7706

CR2E037 (9/01)