

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766337 (0)
1. Corporation Name

KNIGHT BOOSTERS, INC.



Principal Place of Business Mailing Address
UNIVERSITY OF CENTRAL FLORIDA
BLDG. #39, WAYNE DENSCH SPORTS CTR.
ORLANDO FL 32816 UNIVERSITY OF CENTRAL FLORIDA
BLDG. #39, WAYNE DENSCH SPORTS CTR.
ORLANDO FL 32816

3. Date Incorporated or Qualified 12/28/1982 3a. Date of Last Report 07/28/1995
4. FEI Number 59-6001874 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

MCDOWELL, GENE
353 FOREST TRAIL
ATHLETIC DEPARTMENT
OWIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name Steve Sloan
82 Street Address (P.O. Box Number is Not Acceptable) 6088 Masters Blvd
83
84 City Orlando FL 85 Zip Code 32819

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE STEVE SLOAN (NOTE: Registered Agent signature required when reinstating) DATE 8/12/96

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
*TITLE PO SLOAN, STEVE ☐ DELETE 1.1 TITLE Athletic Director ☐ Change ☐ Addition
NAME SLOAN, STEVE 1.2 NAME Sloan, Steve
STREET ADDRESS 1515 GREENLEAF CT S 1.3 STREET ADDRESS 6088 Masters Blvd
CITY-ST-ZIP WINTER SPRINGS FL 1.4 CITY-ST-ZIP Orlando, FL 32819
TITLE TD ☐ DELETE 2.1 TITLE Art
NAME ZELEZNIK, ARTHUR W 2.2 NAME
STREET ADDRESS 3412 IDLEGROVE CT 2.3 STREET ADDRESS
CITY-ST-ZIP ORLANDO FL 32822 2.4 CITY-ST-ZIP
TITLE SD ☐ DELETE 3.1 TITLE
NAME LIBERTO, MARY BETH 3.2 NAME
STREET ADDRESS UCF - PO BOX 160015 N/A 3.3 STREET ADDRESS
CITY-ST-ZIP ORLANDO FL 32816-0015 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE 900001925959
NAME 6.2 NAME -08/20/96--01039--023
STREET ADDRESS 6.3 STREET ADDRESS ***61.25
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STEVE SLOAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 8/19/96 0004734

CR2E037 (3/96)