

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90014 003 ****70.00

DOCUMENT # 769895

1. Entity Name

ENSLEY FOOTBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

551 EAST NINE MILE
 PENSACOLA FL 32504
 US

P.O. BOX 7125
 PENSACOLA FL 32534-0125
 US

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

27-1402041

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

BATCHELOR, JIMMY
8587 COVE AVENUE
PENSACOLA FL 32524

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

Jimmy Batchelor **Jimmy Batchelor**

8-7-2K

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	D <input type="checkbox"/> Delete
NAME	BATCHELOR, JIMMY
STREET ADDRESS	8587 COVE AVENUE
CITY-ST-ZIP	PENSACOLA FL 32534
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WOODSON, PATTY
STREET ADDRESS	2814 RESSE LANE
CITY-ST-ZIP	PENSACOLA FL 32555
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	STONE, ANNISTA
STREET ADDRESS	2283 PATCHWOOD DR.
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danny Woodson
STREET ADDRESS	2814 Resse Lane
CITY-ST-ZIP	PENSACOLA FL 32555
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Lockman
STREET ADDRESS	551 E 9 mile Rd.
CITY-ST-ZIP	PENSACOLA FL 32534
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jimmy Batchelor **Jimmy Batchelor**

8-7-2K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)