

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90239 015 ****61.25

DOCUMENT # 769895

1. Entity Name

ENSLEY FOOTBALL ASSOCIATION, INC.

Principal Place of Business

551 EAST NINE MILE
 PENSACOLA FL 32504
 US

Mailing Address

P.O. BOX 7125
 PENSACOLA FL 32504
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32534

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

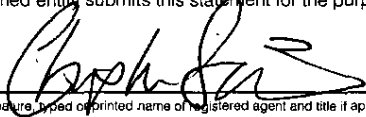
BACHELOR, JIMMY
8587 COVE AVENUE
PENSACOLA FL 32524

7. Name and Address of New Registered Agent

Name **CHIP SIMMONS**
 Street Address (P.O. Box Number is Not Acceptable)
856 GONZALEZ PARK DRIVE
 City **CANTONMENT** FL Zip Code **32533**

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



2/6/2001
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

**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	D	<input checked="" type="checkbox"/> Delete
NAME	BACHELOR, JIMMY	
STREET ADDRESS	8587 COVE AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOODSON, DANNY	
STREET ADDRESS	2814 RESSE LANE	
CITY-ST-ZIP	PENSACOLA FL 32555	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCKMAN, STEVE	
STREET ADDRESS	551 E 9 MILE RD	
CITY-ST-ZIP	PENSACOLA FL 32534	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIP SIMMONS	
STREET ADDRESS	856 GONZALEZ PARK DRIVE	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	VICE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUG LEVINS	
STREET ADDRESS	1490 WISHBONE RD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE LOCKMAN	
STREET ADDRESS	1434 STEFANI CIR	
CITY-ST-ZIP	CANTONMENT, FL 32533	
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:  **PERFORMANCE S. LOCKMAN** 2/6/2001 (850) 435-7065
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE