

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90240 038 ****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 32534
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**
22-3871363

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

**SIMMONS, CHIP
856 GONZALEZ PARK DRIVE
CANTONMENT FL 32533**

Name **Simmons, Chip**

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

711 N. HAYNES STREET

City **PENSACOLA**

FL

Zip Code **32501**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **SIMMONS, CHIP** ☐ Delete
STREET ADDRESS **856 GONZALEZ PARK DRIVE**
CITY-ST-ZIP **CANTONMENT FL 32533**

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

TITLE **VPD**
NAME **LEVINS, DOUG** ☒ Delete
STREET ADDRESS **1490 WISHBONDE RD**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE ☐ Change ☒ Addition
NAME **DOUG LAMBERT**
STREET ADDRESS **4240 URATAN PLACE**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **TD**
NAME **LOCKMAN, STEVE** ☐ Delete
STREET ADDRESS **1434 STEFANI CIR**
CITY-ST-ZIP **CANTONMENT FL 32533**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

TERENCE S. LOCKMAN

2/10/03 (850) 435-7065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)