CR2E034 (10/00)

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2001 8:00 am DOCUMENT # F9300000719 **Secretary of State** NCAA HÓLDINGS, INC. 02-05-2001 90106 013 \*\*\*150.00 Principal Place of Business Mailing Address NORTH MAIN 1 NORTH MAIN COUDERSPORT PA 16915 **COUDERSPORT PA 16915** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 25-1705210 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Change TITLE ☐ Delete TITLE RIGAS, JOHN J NAME NAME MAIN AT WATER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COUDERSPORT PA 16915** ☐ Change TITLE ☐ Addition TITLE ☐ Delete RIGAS, MICHAEL J NAME NAME MAIN AT WATER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COUDERSPORT PA 16915** CITY-ST-ZIP VD ☐ Delete TITLE ☐ Change ☐ Addition TITLE RIGAS, JAMES P NAME NAME STREET ADDRESS STREET ADDRESS MAIN AT WATER ST CITY-ST-ZIP CITY-ST-ZIP COUDERSPORT PA 16915 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIGAS, TIMOTHY P NAME NAME STREET ADDRESS MAIN AT WATER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COUDERSPORT PA 16915** TITLE Delete TITLE ☐ Change ☐ Addition FISHER, RANDALL D NAME STREET ADDRESS MAIN AT WATER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COUDERSPORT PA 16915** TITLE ☐ Delete TITI F ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Washington

SIGNATURE:

O2/01/01 (814) 274-9830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Counse

Daytime Phone #