

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69104

1. Entity Name

BOBBY BOWDEN'S SEMINOLE FOOTBALL CAMP, INC. ✓

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90022 009 ***550.00

Principal Place of Business

MOORE ATHLETIC CENTER
P.O. BOX 2195
TALLAHASSEE FL 32316
US

Mailing Address

MOORE ATHLETIC CENTER
P.O. BOX 2195
TALLAHASSEE FL 32316-2195
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

59-2860758

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

VAN ASSENDERP, KEN
225 S. ADAMS STREET
SUITE 200
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **P**
NAME **AMATO, CHARLES M.**
STREET ADDRESS **1442 MILLSTREAM**
CITY-ST-ZIP **TALLAHASSEE FL** ☒ Delete

TITLE **STD**
NAME **MOORE, CAROL M.**
STREET ADDRESS **2801 GREEN FOREST LN**
CITY-ST-ZIP **TALLAHASSEE FL** ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P, ST, Director**
NAME **Bobby Bowden**
STREET ADDRESS **3482 Hyde Park Way**
CITY-ST-ZIP **Tallahassee FL 32308** ☒ Change ☒ Addition

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 5714 (1/97)