

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90351 011 ****61.25

DOCUMENT # N00000000153

1. Entity Name

NORTH CENTRAL FLORIDA UMPIRES ASSOCIATION, INC.



Principal Place of Business

**1210 NORTH MAIN STREET
HIGH SPRINGS FL 32643**

Mailing Address

**P.O. BOX 2154
HIGH SPRINGS FL 32655-2154**

2. Principal Place of Business

23292 N.W. 199th Lane

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

High Springs, FL

City & State

4. FEI Number

59-3618800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. 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
Due By May 1, 2004**

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

TITLE **PD** ☐ Delete
NAME **SCOTT, MEL**
STREET ADDRESS **1210 NORTH MAIN**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE **VD** ☐ Delete
NAME **WHITE, CLYDE**
STREET ADDRESS **1210 NORTH MAIN STREET**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE **D** ☐ Delete
NAME **BUCKNER, PAUL A**
STREET ADDRESS **1210 NORTH MAIN**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE **S** ☐ Delete
NAME **PRATT, BILL**
STREET ADDRESS **1210 NORTH MAIN STREET**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE **H** ☐ Delete
NAME **HODGES, BOBBY T**
STREET ADDRESS **1210 NORTH MAIN STREET**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **23292 N.W. 199th Lane**
CITY-ST-ZIP **High Springs, FL 32643**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **23292 N.W. 199th Lane**
CITY-ST-ZIP **High Springs, FL 32643**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **23292 N.W. 199th Lane**
CITY-ST-ZIP **High Springs, FL 32643**

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **Martin, Lee**
CITY-ST-ZIP **23292 N.W. 199th Lane**
High Springs, FL 32643

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **23292 N.W. 199th Lane**
CITY-ST-ZIP **High Springs, FL 32643**

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:

PAUL A. BUCKNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 (352) 374-6111

Attachment

44039890
N000000000153

The only officer/director
change is Lee Martin as
Secretary. The only other
change is the street
address for principal
place of business.