

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000875

1. Entity Name

ASSOCIATION OF MASCOT ALL-STARS, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90076 010 ****70.00

Principal Place of Business

Mailing Address

1807 CARRIGAN AVE
WINTER PARK FL 32789

1807 CARRIGAN AVE
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3667464

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

JONES, JOEL D
4051 GOLFSIDE DR
ORLANDO FL 32808

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Delete
NAME **TIM PROCTOR**
STREET ADDRESS **1807 CARRIGAN AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **Lydia Tate**
STREET ADDRESS **444 S. Buena Vista Ave**
CITY-ST-ZIP **Orlando FL 32835**

TITLE **SECRETARY** ☐ Delete
NAME **JOE SCHOFIELD**
STREET ADDRESS **PO BOX 4604**
CITY-ST-ZIP **WINTER PARK FL 32793**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **Belinda Brice**
STREET ADDRESS **612 Maple Oak Cir #10P**
CITY-ST-ZIP **Altamonte Springs FL 32701**

TITLE **TREASURER** ☐ Delete
NAME **CHRIS TARDIBONE**
STREET ADDRESS **444 S. Buena Vista Ave**
CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE **DIRECTOR** ☐ Delete
NAME **JOEL JONES**
STREET ADDRESS **4051 Golfside Dr**
CITY-ST-ZIP **Orlando FL 32808**

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

TITLE **DIRECTOR** ☐ Delete
NAME **Ken Davenport**
STREET ADDRESS **2302 Hawthorne Dr**
CITY-ST-ZIP **Clearwater FL 33763**

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

TITLE **DIRECTOR** ☐ Delete
NAME **BETSY HAMMAN**
STREET ADDRESS **745 Little Wekiva Cir**
CITY-ST-ZIP **Altamonte Springs FL 32714**

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

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:

TIM PROCTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1-9-01

407-644-5460

Date

Daytime Phone #

CR2E037 (10/00)