

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90105 044 ****61.25

DOCUMENT # N01000004471

1. Entity Name

THE FEDERATED SPORTS & AFFILIATES, INC.

Principal Place of Business

Mailing Address

**105 WEST JACKSON STREET
PENSACOLA FL 32501**

**PO BOX 93
CANTONMENT FL 32533**

2. Principal Place of Business

403 SOUTH PALAFOX

3. Mailing Address

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

Zip

Country

32501

ESCAMBIA

Zip

Country

4. FEI Number

-3758366

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

**BYRD, RAYMOND F
2496 HANDY ROAD
CANTONMENT FL 32533**

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 **D** ☒ Delete
NAME **HOLT, MURRAY J**
STREET ADDRESS **1609 TONI STREET**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☐ Change ☒ Addition
NAME **SHELBY, ROOSEVELT**
STREET ADDRESS **305 EAST LEE STREET**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** ☐ Delete
NAME **JONES, ROY JR**
STREET ADDRESS **2410 FARRIS AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **ST** ☐ Change ☒ Addition
NAME **SULLIVAN, KESHANA**
STREET ADDRESS **2211 NORTH SIXTH AVENUE**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** ☐ Delete
NAME **BYRD, RAYMOND F**
STREET ADDRESS **2496 HANDY ROAD**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **P** ☐ Change ☒ Addition
NAME **MALLET, RICK**
STREET ADDRESS **ROUTE 1, BOX 751**
CITY-ST-ZIP **SANDERSON, FL 32087**

TITLE **D** ☒ Delete
NAME **CARROLL, BRUCE**
STREET ADDRESS **5562 TOM SAWYER**
CITY-ST-ZIP **MILTON FL 32583**

TITLE **VP** ☐ Change ☒ Addition
NAME **LAWSON, JOHNNIE**
STREET ADDRESS **1127 HWY 2**
CITY-ST-ZIP **WESTVILLE, FL 32464**

TITLE **D** ☐ Delete
NAME **ADAMS, BILL**
STREET ADDRESS **5549 LILAC AVE**
CITY-ST-ZIP **MILTON FL 32570**

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

TITLE **STD** ☒ Delete
NAME **HOLBERT, KENNETH DR**
STREET ADDRESS **6708 BEAUDRY LANE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☒ Change ☐ Addition
NAME **HOLBERT, KENNETH DR.**
STREET ADDRESS **6708 BEAU DRY LANE**
CITY-ST-ZIP **MILTON, FL 32570**

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:

KESHANA SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-02 (850) 435-0579

Date Daytime Phone #

CR2E037 (9/01)