

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91349 039 ****61.25

DOCUMENT # N01000004471

1. Entity Name
THE FEDERATED SPORTS & AFFILIATES, INC.



Principal Place of Business

**400 SOUTH PALAFOX
PENSACOLA FL 32501**

Mailing Address

**PO BOX 93
CANTONMENT FL 32533**

2. Principal Place of Business

4301 SPANISH TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Zip

Country

Zip

Country

32504

USA

4. FEI Number 59-3758366

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLT, MURRAY J	
STREET ADDRESS	1609 TONI STREET	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ROY JR	
STREET ADDRESS	2410 FARRIS AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, RAYMOND F	
STREET ADDRESS	2496 HANDY ROAD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, BRUCE	
STREET ADDRESS	5562 TOM SAWYER	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, BILL	
STREET ADDRESS	5549 LILAC AVE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOLBERT, KENNETH DR	
STREET ADDRESS	6708 BEAUDRY LANE	
CITY-ST-ZIP	MILTON FL 32570	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, RAYMOND F	
STREET ADDRESS	2496 HANDY ROAD	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBERT, KENNETH DR	
STREET ADDRESS	6708 BEAUDRY 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:

Raymond F. Byrd
SIGNATURE REQUIRED

RAYMOND F. BYRD

24 Apr 03

850-968-1630

CR2E037 (10/02)

Attachment

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N01000004471**

1. Entity Name

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80096112

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PENSACOLA FL 32501

Mailing Address

PO BOX 93
CANTONMENT FL 32533

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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3758366**

Applied

Not Appl

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

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BYRD, RAYMOND F
2496 HANDY ROAD
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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Signature, typed or printed name of registered agent and title and date

(NOTE: Registered Agent Signature required when filing change)

DATE

FILE NOW: FEE IS \$61.25

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Trust Fund Contribution ☐**\$5.00** May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HOLT, MURRAY J	1609 TONI STREET	PENSACOLA FL 32504	
D	JONES, ROY JR	2410 FARRIS AVENUE	PENSACOLA FL 32526	
D	BYRD, RAYMOND F	2496 HANDY ROAD	CANTONMENT FL 32533	
D	CARROLL, BRUCE	5562 TOM SAWYER	MILTON FL 32583	
D	ADAMS, BILL	5549 LILAC AVE	MILTON FL 32570	
STD	HOLBERT, KENNETH DR	6708 BEAUDRY LANE	MILTON FL 32570	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>
D	SHELBY, ROOSEVELT	305 EAST LEE STREET	PENSACOLA FL 32503		
✓	HALLFORD, ROBBIE	2429 HANDY ROAD	CANTONMENT, FL 32533		
S/T	SULLIVAN, KESHANA	2211 NORTH SIXTH AVE.	PENSACOLA FL 32503		

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 is true and correct to the best of my knowledge and that no person shall be liable for any false or misleading information provided to the Department of State.

Raymond F Byrd

RAYMOND F. BYRD

24 Apr 03

DATE