


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

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90069 024 \*\*\*61.25

**DOCUMENT # NO1000009005**

1. Entity Name  
**SUMMERFIELD BASKETBALL, INC.**



Principal Place of Business      Mailing Address  
**P O BOX 535**      **P O BOX 535**  
**RIVERVIEW FL 33568**      **RIVERVIEW FL 33568**



CHECK HERE IF MAKING CHANGES

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 **01-0569451**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ADEJUNMOBI, JOHN**  
**11203 SAILBROOKE DR**  
**RIVERVIEW FL 33568**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ADEJUNMOBI, JOHN	
STREET ADDRESS	P O BOX 535	
CITY-ST-ZIP	RIVERVIEW FL 33568	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VILA, AL	
STREET ADDRESS	749 SPANISH MAIN DR	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TURNER, BRIAN	
STREET ADDRESS	P O BOX 535	
CITY-ST-ZIP	RIVERVIEW FL 33568	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHOFFNER, WAYNE	
STREET ADDRESS	10737 MOSS ISLAND DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADEJUNMOBI, ELSINORA	
STREET ADDRESS	P O BX 535	
CITY-ST-ZIP	RIVERVIEW FL 33568	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		<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		

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: *[Signature]*      Date: 1/6/03      Daytime Phone #: (813) 376-0587

CR2E037 (10/02)