

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

FILED
Aug 07, 2003 8:00 am
Secretary of State

05-02-2003 90377 041 ****61.25

DOCUMENT # N02000004795

1. Entity Name

NORTH PORT WRESTLING CLUB, INC.



Principal Place of Business

12226 DEFENDER DRIVE
PORT CHARLOTTE FL 33953

1012 Eppinger Dr.
Port Charlotte,
FL 33953

Mailing Address

12226 DEFENDER DRIVE
PORT CHARLOTTE FL 33953

1012 Eppinger Dr.
Port Charlotte,
FL 33953

55053602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

59-374-8149

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LUSSIER, KIM
12226 DEFENDER DRIVE
PORT CHARLOTTE FL 33953

1012 Eppinger Dr.
Port Charlotte, FL
33953

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

Kimberly Lussier

Kimberly Lussier

4/29/03

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

TITLE PD
NAME LUSSIER, RANDY
STREET ADDRESS 12226 DEFENDER DRIVE
CITY- ST- ZIP PORT CHARLOTTE FL 33953 ☐ Delete

TITLE VD
NAME MENTZER, BLAINE
STREET ADDRESS 6400 PRICE BOULEVARD
CITY- ST- ZIP NORTH PORT FL 34288 ☒ Delete

TITLE SD
NAME LUSSIER, KIM
STREET ADDRESS 12226 DEFENDER DRIVE
CITY- ST- ZIP PORT CHARLOTTE FL 33953 ☒ Delete

TITLE TD
NAME CZYZ, PHILIP
STREET ADDRESS 21379 OLEAN BOULEVARD
CITY- ST- ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME 1012 EPPINGER DR ☒ Change ☐ Addition
STREET ADDRESS Port Charlotte, FL 33953
CITY- ST- ZIP

TITLE
NAME Rawlings, John ☐ Change ☒ Addition
STREET ADDRESS 6292 Otis Rd
CITY- ST- ZIP North Port, FL 34287

TITLE SD
NAME Rawlings, Kerri ☐ Change ☒ Addition
STREET ADDRESS 6292 Otis Rd.
CITY- ST- ZIP North Port, FL 34287

TITLE CO- TD
NAME Lussier, Kim ☒ Change ☐ Addition
STREET ADDRESS 12226 Defender Dr. 1012 Eppinger Dr.
CITY- ST- ZIP Port Charlotte, FL 33953

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

K Lussier

8/1/03 941628-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0889

CR2E037 (10/02)