

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

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90059 007 ****70.00

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DOCUMENT # N02000005006

1. Entity Name

THE ANTIOCH REDSKINS OF PLANT CITY INC.



Principal Place of Business

**8604 FRANKLIN RD.
PLANT CITY FL 33565**

Mailing Address

**8604 FRANKLIN RD.
PLANT CITY FL 33565**

2. Principal Place of Business

3. Mailing Address

P.O. Box 210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEFFNER, FL.

Zip

Country

Zip

Country

33584

USA

4. FEI Number

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

**CULLINS, REBECCA
6402 N. FLETCHER RD.
PLANT CITY FL 33565**

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 *Rebecca Cullins*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	P	<input type="checkbox"/> Delete
NAME	WHITMORE, DEBRA	
STREET ADDRESS	6516 IKE SMITH	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CULLINS, REBECCA	
STREET ADDRESS	6402 N. FLETCHER RD.	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIS, MELISSA	
STREET ADDRESS	6419 HOLLOMAN BROOK	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	Sec.	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joey Herring	
STREET ADDRESS	3932 SUMNER RD	
CITY-ST-ZIP	DAVER, FL 33527	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa Davis	
STREET ADDRESS	6805 W. Knight Griffin RD.	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebecca Cullins	
STREET ADDRESS	6402 N. Fletcher RD.	
CITY-ST-ZIP	PLANT CITY, FL 33565	
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 REQUIRED

7/15/03 (813)
154-6009

CR2E037 (4/03)