

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

DOCUMENT # N02000007203

1. Entity Name

THE GAINESVILLE THUNDER FOOTBALL CLUB, INC.



APPROVED
AND
FILED

03 SEP 15 PM 7:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9520 SW 82ND AVENUE
GAINESVILLE FL 32608

Mailing Address

9520 SW 82ND AVENUE
GAINESVILLE FL 32608

2. Principal Place of Business

5400NW 39TH AVE

3. Mailing Address

5400NW 39TH AVE

Suite, Apt. #, etc.

Suite 4183

Suite, Apt. #, etc.

Suite 4183

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32606

Country

USA

Zip

32606

Country

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

KAHN, MARK J
9520 SW 82ND AVENUE
GAINESVILLE FL 32608

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

M. Kahn

9/9/03

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	D	<input type="checkbox"/> Delete
NAME	KAHN, MARK J	
STREET ADDRESS	9520 SW 82ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAHN, DARREN F	
STREET ADDRESS	9520 SW 82ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELCH, CHRIS	
STREET ADDRESS	9520 SW 82ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, CORNELIUS	
STREET ADDRESS	9520 SW 82ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, KENSAY	
STREET ADDRESS	9520 SW 82ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
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		
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

M. Kahn

9/9/03

352-665-4658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)