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

FILED
Jul 02, 2007 8:00 am
Secretary of State
07-02-2007 90038 002 ****61.25

DOCUMENT # N03000007897

1. Entity Name
Escambia High Tip OFF CLUB INC

40122478

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Escambia High	1310 N. 65th AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA FL	City & State: PENSACOLA Florida
Zip: 32506 Country:	Zip: 32506 Country: US

4. FEI Number 562400789 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Donda Lett

Street Address (P.O. Box Number is Not Acceptable): 1310 N. 65th AVENUE

City: PENSACOLA FL Zip Code: 32506

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: Donda Lett (Head Boys Basketball) DATE: 6/20/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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) NAME: Donda Lett STREET ADDRESS: 5900 Dandelion Ln. CITY-ST-ZIP: Pensacola Fl 32526	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE (MD) NAME: Leslie Resendez STREET ADDRESS: 144 Gunwale Rd. CITY-ST-ZIP: Pensacola Fl 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE (PD) NAME: Kathy Moorer STREET ADDRESS: 709 N. Madison Drive CITY-ST-ZIP: Pensacola FL 32505	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE (T) NAME: Cynthia Jones STREET ADDRESS: 860 Calhoun Ave CITY-ST-ZIP: Pensacola Fl 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donda Lett 6/20/07 (ASC) 607 6417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #