

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001963

FILED
Jun 22, 2009
Secretary of State

Entity Name: PENSACOLA UMPIRES ALLIANCE, INC.

Current Principal Place of Business:

2201 SCENIC HIGHWAY
B-4
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9263
PENSACOLA, FL 32513

New Mailing Address:

FEI Number: 20-0775893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BISCEGLIO, DAVID A
2201 SCENIC HWY
B-4
PENSACOLA, FL 32503 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OVERMAN, CHARLES III
Address: 4518 BOHEMIA PLACE
City-St-Zip: PENSACOLA, FL 32504 US

Title: S () Delete
Name: BISCEGLIO, DAVID A
Address: 2201 SCENIC HIGHWAY B-4
City-St-Zip: PENSACOLA, FL 32503 US

Title: D () Delete
Name: YOUNG, JASON
Address: 4051 EAST OLIVE ROAD #252
City-St-Zip: PENSACOLA, FL 32514 US

Title: D (X) Delete
Name: GONZALES, AL
Address: 5701 HERMOSA CIRCLE
City-St-Zip: PENSACOLA, FL 32526 US

Title: D () Delete
Name: STOUT, DAVID
Address: 7712 DEBORAH DRIVE
City-St-Zip: PENSACOLA, FL 32514 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: YOUNG, JASON
Address: 9009 UNIVERSITY PKWY APT 163
City-St-Zip: PENSACOLA, FL 32514 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE BISCEGLIO

S

06/22/2009

Electronic Signature of Signing Officer or Director

Date