

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2008  
Secretary of State**

DOCUMENT# N07000008332

Entity Name: UNITED UMPIRES OF FLORIDA, INC

**Current Principal Place of Business:**

3088 NW 103RD LANE  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

3088 NW 103RD LANE  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

FEI Number: 26-0577999      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOPPER, WILLIAM D  
3088 NW 103RD LANE  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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: HOPPER, WILLIAM D  
Address: 3088 NW 103RD LANE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP ( ) Delete  
Name: WETZEL, RODNEY  
Address: 4547 NW 90TH AVE  
City-St-Zip: SUNRISE, FL 33320 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: WILLIAM D HOPPER

P

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date