

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11814

1. Entity Name

**BROOKER ATHLETIC ASSOCIATION, INCORPORATED**

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90083 019 \*\*\*\*61.25

Principal Place of Business <b>12169 CEDAR DR BROOKER FL 32622 US</b>	Mailing Address <b>S.R. 18 P.O. BOX 64 BROOKER FL 32622-0064</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2372464</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**MELVIN, GENE  
17434 MELVIN ST.  
BROOKER FL 32622**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MELVIN, GENE 17434 MELVIN ST BROOKER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS THOMAS, CHARLENE 17354 MELVIN ST BROOKER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CREWS, MARK OFF CR 18 GRAHAM FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10917 SW 106th Ave. Graham, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CREWS, TIM OFF CR 18 GRAHAM FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Terry Hamilton OFF CR 18 Hampton, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARNES, EDDIE OFF HWY 235A BROOKER FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Randy Raulerson 11150 SW 92nd St. Graham, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HALLINGSWORTH, NANCY OFF CR 18 BROOKER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charlene Thomas 02-10-2000 352-485-1420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #