

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90278 009 ****61.25

0087534

DOCUMENT # N11814

1. Entity Name

BROOKER ATHLETIC ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

12169 CEDAR DR
BROOKER FL 32622
US

S.R. 18
P.O. BOX 64
BROOKER FL 32622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2372464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MELVIN, GENE	17434 MELVIN ST	BROOKER FL	
TS	THOMAS, CHARLENE	17354 MELVIN ST	BROOKER FL	
D	CREWS, MARK	10917 SW 106 AVE	GRAHAM FL	
D	HAMILTON, TERRY	OFF CR 18	GRAHAM FL	
D	ROULERSON, RANDY	11150 SW 92ND ST	BROOKER FL	
D	HALLINGSWORTH, NANCY	OFF CR 18	BROOKER FL	<input checked="" type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Joe Tolleson	11649 Colson St.	Brooker, FL		<input checked="" 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-01 352 485-1420

Date

Daytime Phone #

CR2E037 (10/00)