

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90002 034 \*\*\*\*70.00

0004384

**DOCUMENT # N19842**

1. Entity Name

**AZALEA PARK PANTHER FOOTBALL, INC.**

(LP)

Principal Place of Business

Mailing Address

**4612 FLATWOOD LN  
 ORLANDO FL 32829  
 US**

**4612 FLATWOOD LN  
 ORLANDO FL 32829  
 US**

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

**52-1656179**

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

**CAMNITZ, KATHY  
 4612 FLATWOOD LN  
 ORLANDO FL 32829**

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

*Kathy Camnitz*

(NOTE: Registered Agent signature required when reinstating)

DATE

*7/7/01*

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

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 **PD** ☐ Delete  
 NAME **CAMNITZ, KATHY**  
 STREET ADDRESS **4612 FLATWOOD LN**  
 CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☒ Delete  
 NAME **WIDGER, ELTON E III**  
 STREET ADDRESS **8206 STONE ABOOK DR**  
 CITY-ST-ZIP **SANFORD FL 32773-4994**

TITLE **VD** ☒ Change ☒ Addition  
 NAME **Camnitz, Ronald**  
 STREET ADDRESS **4612 Flatwood Ln**  
 CITY-ST-ZIP **Orlando, FL 32829**

TITLE **D** ☐ Delete  
 NAME **CUBBEDGE, LORI**  
 STREET ADDRESS **9730 POPLARWOOD CT**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TT** ☒ Delete  
 NAME **MILLER, CELESTE**  
 STREET ADDRESS **5923 SUNDERLAND DR**  
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **TT** ☒ Change ☐ Addition  
 NAME **Ferri Imperato**  
 STREET ADDRESS **7818 Toledo Street**  
 CITY-ST-ZIP **Orlando, FL 32822**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

*Kathy Camnitz*

*7/7/01*

CR2E037 (5/01)