

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # N22245****1. Entity Name**
NORTHEAST PENSACOLA YOUTH FOOTBALL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 10434	POST OFFICE BOX 10434
PENSACOLA FL 32524	PENSACOLA FL 32524

2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-2835188	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHISLER DAVID 935 FARMINGTON RD PENSACOLA FL 32504	Name SCHISLER DAVID C Street Address (P.O. Box Number is Not Acceptable) 935 FARMINGTON RD City PENSACOLA FL Zip Code 32504

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 DAVID C. SCHISLER 09/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																
<table border="0"><tr><td>TITLE</td><td>VP <input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SMITH TIM</td></tr><tr><td>STREET ADDRESS</td><td>3711 TOM LANE</td></tr><tr><td>CITY-ST-ZIP</td><td>PENSACOLA FL 32504</td></tr></table>	TITLE	VP <input type="checkbox"/> Delete	NAME	SMITH TIM	STREET ADDRESS	3711 TOM LANE	CITY-ST-ZIP	PENSACOLA FL 32504	<table border="0"><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David C. Schisler PD 09/01/2001**

CR2E037 (11/00)