

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25538

1. Entity Name

SOUTHWEST FLORIDA POP WARNER FOOTBALL CONFERENCE

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90107 002 ****70.00

Principal Place of Business

Mailing Address

18433 QUINCE RD
FT MYERS FL 33912
US

18433 QUINCE RD
FT MYERS FL 33912-3159
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

65-0195287

Applied For

Not Applicable

5. Certificate of Status Desired



\$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

MACKENZIE, GREGORY
18433 QUINCE RD
FT MYERS FL 33912

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSS, DAVE	
STREET ADDRESS	9773 CAMPBELL CIR	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, BECKY	
STREET ADDRESS	1119 5TH AVE	
CITY-ST-ZIP	LEHIGH FL 33972	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DELAGO, NANNETT A	
STREET ADDRESS	9150 MORRIS RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACKINZE, GREG	
STREET ADDRESS	15961 WINKLER ROAD	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, TROY D	
STREET ADDRESS	5087 NORTHHAMPTON DR	
CITY-ST-ZIP	FT. MEYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas C. Baratta, JR	
STREET ADDRESS	5834 CINZANO CT.	
CITY-ST-ZIP	NAPLES, FLORIDA 34119	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rich Jarvis JR	
STREET ADDRESS	1930 SE 16th Terrace	
CITY-ST-ZIP	Cape Coral FL 33990	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarah Kubold	
STREET ADDRESS	8109 Lake San Carlos Cir	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Damon Shelton	
STREET ADDRESS	1119 5th AVE	
CITY-ST-ZIP	Lehigh Acres FL 33972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)