

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N38343**

1. Entity Name

**EAGLE ALL-SPORTS BOOSTERS, INC.****FILED**  
**Aug 09, 2001 8:00 am**  
**Secretary of State**

08-09-2001 90045 010 \*\*\*\*61.25

0013697

Principal Place of Business

C/O ERNIE MODUGNO  
1100 22ND AVE. NORTH  
NAPLES FL 33940

Mailing Address

C/O ERNIE MODUGNO  
1100 22ND AVE. NORTH  
NAPLES FL 33940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0209554**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**MODUGNO, ERNIE**  
**1100 22ND AVE. NORTH**  
**NAPLES FL 33940**

## 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

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**  
**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

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BOLTZ, SHERRI</b>	
STREET ADDRESS	<b>2569 68TH ST SW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>GREGORY, ROGER</b>	
STREET ADDRESS	<b>2618 12TH CT. N.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, BRAD</b>	
STREET ADDRESS	<b>2152 LONGBOAT DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SALLEY, LYNN</b>	
STREET ADDRESS	<b>2467 PINE WOOD CIR.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED**

7/3/01

CR2E037 (5/01)