

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90047 030 \*\*\*\*70.00

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**DOCUMENT # N40349**

1. Entity Name

**GULF COAST MIDGET FOOTBALL LEAGUE, INC.**



Principal Place of Business

POST OFFICE BOX 938  
PANAMA CITY FL 32402-0938

Mailing Address

POST OFFICE BOX 938  
PANAMA CITY FL 32402-0938

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 **59-6173183**

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

PETERSON, RENEE  
5015 E 11TH ST  
PANAMA CITY FL 32404

Name

**HAROLD M CREEL**

Street Address (P.O. Box Number is Not Acceptable)

**3117 EAST 3RD ST**

City

**Panama City**

FL

Zip Code

**32401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Harold M Creel* (**HAROLD M CREEL**)

**7-14-2003**

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CREEL, HAROLD</b>	
STREET ADDRESS	<b>3117 EAST 3RD STREET</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CREEL, KENNY</b>	
STREET ADDRESS	<b>3117 EAST 3RD STREET</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PETERSON, RENEE'</b>	
STREET ADDRESS	<b>5015 E. 11TH STREET</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32404</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RENDELL, LAURA</b>	
STREET ADDRESS	<b>2328 EAST BALDWIN RD</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MINCHEW, DAVID</b>	
STREET ADDRESS	<b>8718 CHEROKEE ST</b>	
CITY-ST-ZIP	<b>YOUNGSTOWN FL 32466</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MATHIAS, TRACIE</b>	
STREET ADDRESS	<b>2111 W NORWOOD DR</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>KENNETH G Creel</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3113 EAST 3RD ST</b>	
STREET ADDRESS	<b>Panama City, Fla 32401</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Regina Wright</b>	
STREET ADDRESS	<b>1301 CROFT RD</b>	
CITY-ST-ZIP	<b>Fountain H. 32438</b>	
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:

*Harold M Creel* **HAROLD M CREEL-7-14-03 9509130099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)