

2001 UNIFORM BUSINESS REPORT (UBR)

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

0024700

DOCUMENT # N40472

1. Entity Name

UMATILLA BULLDOG BOOSTERS, INC.

Principal Place of Business

P.O. BOX 1007
 UMATILLA FL 32784

Mailing Address

P.O. BOX 1007
 UMATILLA FL 32784

00059033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3039403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASLEY, DOUGLAS
276 SOUTH CENTRAL AVE
UMATILLA FL 32784

7. Name and Address of New Registered Agent

Name **Hall Steve**

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

516 Guerrabt Str.

Umatilla

City

FL

Zip Code

32784

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

TITLE **TD** ☐ Delete
 NAME **KERR, GERALDINE**
 STREET ADDRESS **19548 TWIN PONDS RD PO BOX 2531**
 CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **VP** ☐ Delete
 NAME **STONEKING, TEENA**
 STREET ADDRESS **40440 W. SD AVE.**
 CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **PD** ☐ Delete
 NAME **HALL, STEVE**
 STREET ADDRESS **516 GUERRABT ST**
 CITY-ST-ZIP **UMATILLA FL**

TITLE **SD** ☐ Delete
 NAME **FARYNA, CHARIA**
 STREET ADDRESS **40323 BABB RD**
 CITY-ST-ZIP **UMATILLA FL 32784**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
 NAME **Hall, Steve**
 STREET ADDRESS **516 Guerrabt St**
 CITY-ST-ZIP **Umatilla FL 32784**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Tom Roman**
 STREET ADDRESS **909 Kentucky Blvd**
 CITY-ST-ZIP **Eustis, FL 32726**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Maria Faryna**
 STREET ADDRESS **40323 Babb Rd**
 CITY-ST-ZIP **Umatilla FL 32784**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Maudie Green**
 STREET ADDRESS **38651 Marshall St PO Box 665**
 CITY-ST-ZIP **UMATILLA, FL. 32784**

TITLE ☐ Change ☐ Addition
 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: *[Signature]* **NOT REQUIRED**

23 MAR 01 352-669-7288

CR2E037 (10/00)