

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90695 040 \*\*\*\*61.25

**DOCUMENT # N43693**

1. Entity Name

**FLORIDA STATE REFEREES, INCORPORATED**

Principal Place of Business

Mailing Address

9833 BRIDGETON DR  
 TAMPA FL 33626  
 US

P. O. BOX 262857  
 TAMPA FL 33685  
 US

2. Principal Place of Business

6671 W. INDIANTOWN RD

3. Mailing Address

6671 W. INDIANTOWN RD

Suite, Apt. #, etc.

SUITE 56-305

Suite, Apt. #, etc.

SUITE 56-305

City & State

JUPITER FL

City & State

JUPITER FL

Zip

33458

Country

USA

Zip

33458

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3134337

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELTON, WILLIAM H. DVM  
 9833 BRIDGETON DRIVE  
 TAMPA FL 33626

7. Name and Address of New Registered Agent

Name

JOZSEF A. MICHNA

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

6671 W. INDIANTOWN ROAD

SUITE 56-305

City

JUPITER

FL

Zip Code

33458

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

*Jozsef A. Michna*

5/1/02

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 **D**  Delete  
 NAME **ROBERT B. VOMACKA**  
 STREET ADDRESS **12015 N. 52ND STREET**  
 CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GRONEMEYER, STEVEN**  
 STREET ADDRESS **11223 TRADEWINDS BOULEVARD**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HOLLARD, JACK**  
 STREET ADDRESS **P O BOX 1201**  
 CITY-ST-ZIP **PLANT CITY FL 33564**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **WILLIAM H. SHELTON DVM**  
 STREET ADDRESS **9833 BRIDGETON DR**  
 CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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:

*Jozsef A. Michna*

5/1/02 (561) 747-0417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)