


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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90764 018 ****61.25

DOCUMENT # N43693

1. Entity Name
FLORIDA STATE REFEREES, INCORPORATED



Principal Place of Business Mailing Address

**6671 W. INDIANTOWN RD.
SUITE 56-305
JUPITER FL 33458
US**

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SUITE 56-305
JUPITER FL 33458
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 **59-3134337** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MICHNA, JOZSEF A
6671 W. INDIANTOWN RD.
STE 56-305
JUPITER FL 33458**

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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERT B. VOMACKA	
STREET ADDRESS	12015 N. 52ND STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRONEMEYER, STEVEN	
STREET ADDRESS	11223 TRADEWINDS BOULEVARD	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLLARD, JACK	
STREET ADDRESS	P O BOX 1201	
CITY-ST-ZIP	PLANT CITY FL 33564	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM H. SHELTON DVM	
STREET ADDRESS	9833 BRIDGETON DR	
CITY-ST-ZIP	TAMPA FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO PABON	
STREET ADDRESS	PO BOX 935074	
CITY-ST-ZIP	MARGATE FL 33093-9074	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL WAGNER	
STREET ADDRESS	2023 KELLY CREEK CIR	
CITY-ST-ZIP	DAWIEDO FL 32765-5705	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES RODNEY KENNEY	
STREET ADDRESS	P.O. Box 1897	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	
TITLE		<input checked="" 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 another like empowered.

SIGNATURE: *Jozsef Michna* 4/27/03 (561) 747-0417

CR2E037 (10/02)