

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49469

1. Entity Name

SNEADS ATHLETIC CLUB, INC.

FILED

Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90343 008 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 1333 SNEADS FL 32460	Mailing Address P.O. BOX 1333 SNEADS FL 32460
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FUQUA, H. MATTHEW 4450 LAFAYETTE STREET MARIANNA FL 32446
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>Signature on file</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRICE, HELEN <input type="checkbox"/> Delete 2071 GAY AVENUE SNEADS FL 32460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JAMES E <input type="checkbox"/> Delete 8066 OLD SPANISH TRAIL RD. SNEADS FL 32460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, PATRICIA <input type="checkbox"/> Delete 8066 OLD SPANISH TRAIL RD. SNEADS FL 32460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, ROBERT <input checked="" type="checkbox"/> Delete 8066 OLD SPANISH TRAIL RD. SNEADS FL 32460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, CLARA E <input type="checkbox"/> Delete 8066 OLD SPANISH TRAIL RD. SNEADS FL 32460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Danner, Ronald <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8066 Old Spanish Trail Sneads, FL 32460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Helen Grice</u> "President" 4-11-02 (850) 593-6204 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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CR2E037 (9/01)