2001 UNIFORM BUSINESS REPORT (UBR)

Sep 13, 2001 8:00 am Secretary of State DOCUMENT # N9300001527 1. Entity Name 09-13-2001 90017 017 ****61.25 NAPLES POP WARNER FOOTBALL, INC. Principal Place of Business Mailing Address 5060 HICKORY WOOD P.O. BOX 7793 3001 TAMIAMI TRAIL NORTH NAPLES FL NAPLES FL 34101 2. Principal Place of Business 3. Mailing Address _Suite,:Apt.:#,:etc.__ Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0401570 Not Applicable Ζiρ Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CECIL, MARVIN **5060 HICKORY WOOD** NAPLES FL 34119 City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete ☐ Addition (2/01)TITLE TITLE ☐ Change MARVIN, CECIL NAME NAME **5060 HICKORY WOOD** STREET ADDRESS STREET ADDRESS **CR2E037** NAPLES FL 34119 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition EISINGER, GARY Randal NAME NAME 8030 SAN SIMON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP MADLES Delete TITLE TITLE Change ☐ Addition BETHEN, DEBBIE NAME NAME STREET ADDRESS 8143 LAS PALMAS WAY STREET ADDRESS 10 Lancashire CITY-ST-ZIP NAPLES FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition WOLFE, NANCY NAME 640 12TH ST SE STREET ADDRESS STREET ADDRESS NAPLES FL 34117 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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:

Numerwelkeniaro C.

FILED