

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001527

1. Entity Name

NAPLES POP WARNER FOOTBALL, INC.

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90165 037 ****70.00

Principal Place of Business

5060 HICKORY WOOD
 NAPLES FL
 US

Mailing Address

P.O. BOX 7793
 3001 TAMiami TRAIL NORTH
 NAPLES FL 34101
 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

65-0401570

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CECIL, MARVIN
 5060 HICKORY WOOD
 NAPLES FL 34119

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 DT ☐ Delete
 NAME MARVIN, CECIL
 STREET ADDRESS 5060 HICKORY WOOD
 CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME PACKARD, RANDALL
 STREET ADDRESS 120 15TH STREET N
 CITY-ST-ZIP NAPLES FL 34120

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DP ☐ Delete
 NAME FRENCH, JODY
 STREET ADDRESS 10 LANCASHIRE PL
 CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DV ☐ Delete
 NAME WOLFE, NANCY
 STREET ADDRESS 640 12TH ST SE
 CITY-ST-ZIP NAPLES FL 34117

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:

[Signature] **REQUIRED**

7/15/02

944-435-2161

CR2E037 (4/02)