2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # N93000003641 1. Entity Name NORTHEAST REBELS FOOTBALL CLUB, INC. 05-23-2000 90198 016 ****70.00 Principal Place of Business Mailing Address 5201 NE 1ST AVENUE 5201 NE 1ST AVENUE FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334-1601 Principal Place of Business Mailing Address NE Ind. AVP 591 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For Çity & State City & State *p*ud 65-0479441 Not Applicable Countr Country \$8.75 Additional M 5. Certificate of Status Desired 330 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAR ess (P.O. Box Number is Not Ac JAMES, DONALD 3560 S W 3RD STREET FT LAUDERDALE FL 33312 8. The above named epity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURI (NOTE: Registered Agent signature required when reinstating) te if applicable 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (66/6)PD Change PD Delete TITLE ☐ Addition TITLE pebora 2nd me spen'c 41 NE NAME JAMES, DONALD NAME STREET ADDRESS STREET ADDRESS 3560 S W 3RD STREET 33334 CITY-ST-ZIP CITY-ST-ZIP+ Ft come FT LAUDERDALE FL 33312 VPD ☐ Addition hange **FVPD** Delete TITLE TITLE NAME NAME STEVENS, JIM 54st NG 2nd STREET ADDRESS STREET ADDRESS 4401 NW 12TH TERRACE aland-F1. CITY-ST-ZIP CITY-ST-ZIP 33334 OAKLAND PARK FL 33309 SVB Addition Delete **S**hange TITLE SVPD TITLE BArbara STOKES NAME GASPERIC, DEBORAH 520TNE IST AVE STREET ADDRESS STREET ADDRESS 4891 N E 2ND AVENUE CITY-ST-ZIP FT LAUDERDALE FL 33334 CITY-ST-ZIP F1 Land --11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete McCoy Avister NAME NAME MCCOY, AVIS STREET ADDRESS STREET ADDRESS 5700 NE 19 TERR 33308 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 VPD - 🔲 Change Addition TITLE **TVPD** Delete TITLE NE TON Grover NAME NAME **GROVER, TONY** 23 TER APH # S STREET ADDRESS STREET ADDRESS 1061 1061 NE 23 TERR APT 5 CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33062 ☐ Change ☐ Addition TITL F B TITLE Delete NAME **GUY. STACEY** NAME NE STREET ADDRESS STREET ADDRESS 5456 NE 2ND AVENUE CITY-ST-ZIP *£*3337, CITY-ST-ZIP FT LAUDERDALE FL 33334 12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

with all other like empowered

NIED NAME OF SIGNING OFFICER OR DIRECTOR