FILED

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400002916  1. Entity Name WEST PUTNAM ATHLETIC ASSOCIATION, INC.							Jun 27, 2000 8:00 am Secretary of State 05-18-2000 90354 009 ****61.25					
Principal Plac	ce of Business	Mailing Address	<u>,=</u> ,									
P. O. BOX 183 Interlachen		P. O. BOX 1832 INTERLACHEN FL 32148-1832							- 			
2. Principal F	Place of Business	3. Mailing Address						A Property	. ži. Hannaturos		•	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. <del>Calledo</del> .	DO NOT WRIT		• •			
City & Stat	te	City & State				4. FEI Number 59-3009985				Applied For Not Applicable		
Zip Country		Zip	Cou	intry		5. Certificate o	f Status Desired		\$8.75 Add Fee Required		]	
***************************************	8:-Name and Address of Curre	nt Registered Agent	<u></u>	 Name		7. Name and A	ddress of:New.F	legistered	Agent:	•	}	
_ LEVINE, M	IARK S			Street Ad	dress (I	P.O. Box Number	is Not Acceptable	))		<del></del>		
245 EAST	VIRGINIA ST.	· · · · · · · · · · · · · · · · · · ·	· <del></del> ·				)		•	•		
IALLAMAS	SSEE FL 32301			City			-	FĽ	Zip Code	, ;	1	
8. The above	named entity submits this statement	t for the purpose of changing it	s registere	ed office or	register	ed agent, or both.	, in the state of Fic	orida:		. '	]	
SIGNATURE .							•					
	Signature, typed or printed name of registered age	em and title it applicable (NO	TE: Registered	d Agent signatu	re required	when reinstating)		DATE			-	
	FILE NOW: FEE IS \$61.25	9. Election Campaig Trust Fund Contril		ng 🗆		O May Be to Fees		e Check i partment	Payable to of State	•		
10.	OFFICERS AND		11.		/\bar{\alpha}		NGES TO OFFICE	RS AND DI		10 Addition	6	
TITLE NAME STREET ADDRESS	TPD SCHAUS, SMOKEY 127 DARBY RD	Delete	NAMI STRE	E Et adoress	Thei	was L Shi wall lake	~ u		<b>Z</b> - Change	Cacaminon	CR2E037 (9/99	
CITY-ST-ZIP	HOLLISTER FL 32147		_	-ST-ZIP	Mel	rose Fl	32666		K Change	Addition	188	
NAME	MILLS, ERIC	<b>□</b> Delete	NAM	E	BAN		~~		ET CHENGE	ADDITION TO		
STREET ADDRESS CITY-ST-ZIP	431 WILSON DR INTERLACHEN FL 33-2148			et aodress - • St• Zip	JU-1- ThTE	-Choudler Nachen if	(32148	<del></del>	• •	•	_	
TITLE NAME	S MILLS, GEORGETTE	<b>₹</b> Delete	NAM	E	800 A	sie Brad	ley B		Change	Addition		
CITY-ST-ZIP	1431 WILSON DR INTERLACHEN FL 32148			et address- -st-zip	725-0 Ta	tedarkon	FI 321	148			]	
TITLE NAME STREET ADDRESS	T CRISCROME, MARY	🔀 Delete	TITLE NAME STRE		T Mar 139	The Cree	Stree D		Change	Addition	,	
CITY-ST-ZIP	110 ROSE DR Interlachen FL 32148			-ST-ZIP	Ya	terlandes	1 El 32	148				
TITLE NAME STREET ADDRESS		。 Delete	title Nami Stre						Change	☐ Addition		
CITY-ST-ZIP		□ Datata		-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		Change	Addition	1	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete							vnuige	, rividion		
12. I hereby indicated of the cor	certify that the information supplied we for this report or suppliemental report poration or the receiver or trustee en , or on an attachment with an address	t is true and accurate and that npowered to execute this repor s, with all other like empowered	my signat t as requir i.	ture shall ha red by Cha	ave the s pter 617	same legal effect , Florida Statutes;	as if made under :	oath; that i a e appears i	am an officer	or director		
SIGIYAI		IR PRINTED NAME OF SIGNING OFFICER					Date		aytime Phone #	Z1		