

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91707 049 ****61.25

DOCUMENT # N95000000478

1. Entity Name

MOSLEY SPORTS FOUNDATION, INC.

Principal Place of Business

**2720 TRACY LANE
 PANAMA CITY FL 32405**

Mailing Address

**2720 TRACY LANE
 PANAMA CITY FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**1600 MARINA BAY DR
 807
 PANAMA CITY FL**

Zip

Country

Zip

Country

32409

4. FEI Number

59-3296449

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

**BRUDNICKI, GREG
 2720 TRACY LANE
 PANAMA CITY FL 32405**

Name

JAMES R REDFERN

Street Address (P.O. Box Number is Not Acceptable)

**1600 MARINA BAY DR UNIT 807
 PANAMA CITY FL 32409**

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

James R Redfern

5/16/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **DP** ☒ Delete
 NAME **BRUDNICKI, GREG**
 STREET ADDRESS **2720 TRACY LANE**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE **DP** ☐ Change ☒ Addition
 NAME **JAMES R REDFERN**
 STREET ADDRESS **1600 MARINA BAY DR 807**
 CITY-ST-ZIP **PANAMA CITY FL 32409**

TITLE **DVP** ☐ Delete
 NAME **DENECKE, FRED**
 STREET ADDRESS **2701 BRIARCLIFF ROAD**
 CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE **DS** ☐ Delete
 NAME **SHUMAKER, ROBERT**
 STREET ADDRESS **1938 QUAYLE RUM**
 CITY-ST-ZIP **LYNN HAVEN FL**

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
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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 another line empowered.

SIGNATURE:

James R Redfern
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R REDFERN 5/16/02 850 2651616
 Date Daytime Phone #

CR2E037 (9/01)