

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90078 013 ****70.00

DOCUMENT # N95000001330

1. Entity Name

NAPLES SEMINOLES POP WARNER FOOTBALL INC

Principal Place of Business

Mailing Address

4888 DAVIS BLVD., PMB 176
NAPLES FL 34104
US

4888 DAVIS BLVD., PMB 176
NAPLES FL 34104
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

65-0557113

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

MOODY, STALEY L
6023 WESTBOURGH DR
NAPLES FL 34112

Name

JULIE CARTER

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

1495 23 ST SW

City

NAPLES

FL

Zip Code

34117

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

Julie K. Carter

JULIE K. CARTER, PRESIDENT

1-25-02

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	CSD	<input checked="" type="checkbox"/> Delete
NAME	MOODY, STACEY	
STREET ADDRESS	6023 WESTBOROUGH DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LONGO, PAUL	
STREET ADDRESS	168 LAKE POINT LANE	
CITY-ST-ZIP	NAPLES FL 32112	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KOMORNY-KIM	
STREET ADDRESS	180 FURSE LAKES CIR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BURNS, TANGIE	
STREET ADDRESS	752 LANDOVER CIR., #103	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOODY, DONNIE	
STREET ADDRESS	6023 WESTBOROUGH DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, TAMMI	
STREET ADDRESS	2505 VANBUREN AVE	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIE CARTER	
STREET ADDRESS	1495 23 ST SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE SMITH	
STREET ADDRESS	5248 MYRTLE LANE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	DANIELLE STEED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	4463 25th PL SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	CONCESSION DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRACI SMITH	
STREET ADDRESS	5248 MYRTLE LANE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	CO-CONCESSION DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN ALEXANDER	
STREET ADDRESS	335 PINDO PALM DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	FLAG COMMISSIONER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM ASHBACHER	
STREET ADDRESS	676 PALM LAKE DR	
CITY-ST-ZIP	NAPLES FL 34104	

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:

Julie K. Carter JULIE K. CARTER, PRESIDENT 1-25-02 941-353-2852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)