2003 NOT-FOR-PROFIT CORPORATION

## FILED **UNIFORM BUSINESS REPORT (UBR)** Aug 13, 2003 8:00 am Secretary of State DOCUMENT # N9500005150 08-13-2003 90072 046 \*\*\*\*61.25 KING OF THE RING BOXING CLUB, INC. Principal Place of Business Mailing Address 4300 BAYOU BLVD. 4300 BAYOU BLVD. STE. 27 STE. 27 PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Ocity & State Applied For City & State 4. FEI Number 59-3351768 Not Applicable \$8.75 Additional 5. Certificate of Status Desired --- ... 🔲 🚽 🤫 Fee Required SCC4MD.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAUNE LUCEY, RICHARD W MD (Box Number is Not Acceptable) Street Address 4300 BAYOU BLVD **STE 27** PENSACOLA FL 32503 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61,25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 🗶 Delete ☐ Addition NAME LUCEY, RICHARD W NAME STREET ADDRESS 4300 BAYOU BLVD, STE 27 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503-2671 TITLE Delete TITLE **Change** ☐ Addition MERKERSON, ALTON E NAME 200 E. LARUA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 TITLE Delete TITLE Change Addition FRANCIS, MARIO O NAME NAME 200 W. LARUA STREET 6034 Suntan Civil STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INGAROLA FL 35 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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