

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003605

1. Entity Name

NORTH PORT POP WARNER FOOTBALL ASSOCIATION INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 7567  
NORTH PORT FL 34287-0567

POST OFFICE BOX 7567  
NORTH PORT FL 34287-0567

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

59-3361952

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

CRUMP, BARBARA A  
6886 KENWOOD DR  
NORTH PORT FL 34287

Name

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

City

FL

Zip Code

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	TREUBERT, MICHAEL R	
STREET ADDRESS	5977 BRICKELL DR	
CITY-ST-ZIP	NORTH PORT FL 34288	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRUMP, BARBARA A	
STREET ADDRESS	6886 KENWOOD DR	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUTCHER, MICHAEL	
STREET ADDRESS	8243 GALLO AVE	
CITY-ST-ZIP	NORTH PORT FL 34288	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICOL, LAURIE	
STREET ADDRESS	6799 RUFF	
CITY-ST-ZIP	NORTH PORT FL 34288	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Warblow	
STREET ADDRESS	3736 Fountainbleu St.	
CITY-ST-ZIP	North Port FL 34287	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shawn Carter	
STREET ADDRESS	3257 Albenga Ln	
CITY-ST-ZIP	North Port FL 34286	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000 (941) 426-5910

Date

Daytime Phone #

CH2E037 (9/99)