# 2001 UNIFORM BUSINESS REPORT (UBR)

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4/25

**FILED**
**Jun 19, 2001 8:00 am**
**Secretary of State**
04-25-2001 90103 049 ****61.25

DOCUMENT # N96000003605

1. Entity Name

NORTH PORT POP WARNER FOOTBALL ASSOCIATION INC.

| Principal Place of Business | Mailing Address |
|---|---|
| POST OFFICE BOX 7567<br>NORTH PORT FL 34287-0567 | POST OFFICE BOX 7567<br>NORTH PORT FL 34287-0567 |

DO NOT WRITE IN THIS SPACE

| 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<br>6886 KENWOOD DR<br>NORTH PORT FL 34287 | Name SANDRA ROBIN<br>Street Address (P.O. Box Number is Not Acceptable) 1059 RACE CT<br>City NORTH PORT FL Zip Code 34286 |

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 Barbara A. Crump Sandra Robin 4-18-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TREUBERT, MICHAEL R<br>5977 BRICKELL DR<br>NORTH PORT FL 34286 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT D<br>JAMES RIDER<br>3523 Eldron Ave.<br>NORTH PORT, FL. 34287 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CRUMP, BARBARA A<br>6886 KENWOOD DR<br>NORTH PORT FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE-PRESIDENT D<br>ANTHONY SIMMONS<br>6740 PAN AMERICAN BLVD.<br>NORTH PORT, FL 34287 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WARBLOW, KATHLEEN<br>3736 FOUNTAINBLEU ST.<br>NORTH PORT FL 34287 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>DARLENE KATZENBERGER D<br>4081 FOUNTAINBLEAU ST.<br>NORTH PORT, FL. 34287 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARTER, SHAWN<br>3257 ALBENGA LN.<br>NORTH PORT FL 34286 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>SANDRA ROBIN TD<br>1059 RACE CT.<br>NORTH PORT, FL. 34287 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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.

SANDRA ROBIN
SIGNATURE: Sandra Robin 4-18-01 941-764-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #