

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N97000000871****1. Entity Name**  
**EAST LAKE EAGLES WRESTLING BOOSTERS, INC.****Principal Place of Business**  
2619 WARWICK TERRACE  
  
PALM HARBOR FL  
34685**Mailing Address**  
2619 WARWICK TERRACE  
  
PALM HARBOR FL  
34685**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**  
**59-3604020**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**ROBERTS KATHY  
2619 WARWICK TERRACEPALM HARBOR FL  
34685

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** **05/23/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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** D ☐ Delete  
**NAME** COLLINS PETER  
**STREET ADDRESS** 1831 MARILYN DRIVE  
**CITY-ST-ZIP** CLEARWATER FL 34619**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** TD ☐ Delete  
**NAME** ROBERTS PAT  
**STREET ADDRESS** 2619 WARWICK TR.  
**CITY-ST-ZIP** PALM HARBOR FL 34685**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** S ☐ Delete  
**NAME** HAFNER VICKI  
**STREET ADDRESS** 1381 FORESTEDGE BLVD.  
**CITY-ST-ZIP** OLDSMAR FL**TITLE** VP ☒ Change ☐ Addition  
**NAME** HAFNER VICKI  
**STREET ADDRESS** 1381 FORESTEDGE BLVD.  
**CITY-ST-ZIP** OLDSMAR FL**TITLE** VP ☐ Delete  
**NAME** WILLIE SUE  
**STREET ADDRESS** 4849 RIDGEMORE CIRCLE  
**CITY-ST-ZIP** PALM HARBOR FL**TITLE** S ☒ Change ☐ Addition  
**NAME** FASTAIA MAGGIE  
**STREET ADDRESS** 4891 KYLEMORE COURT  
**CITY-ST-ZIP** PALM HARBOR FL 34685**TITLE** PD ☐ Delete  
**NAME** PRIOR DENISE  
**STREET ADDRESS** 4987 CROSS POINTE DR.  
**CITY-ST-ZIP** OLDSMAR FL**TITLE** PD ☒ Change ☐ Addition  
**NAME** ROBERTS KATHY  
**STREET ADDRESS** 2619 WARWICK TERRACE  
**CITY-ST-ZIP** PALM HARBOR FL 34685**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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)(f), 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:** Kathy Roberts P 05/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)