2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700002786 1. Entity Name ASSOCIATION FOR THE BETTERMENT OF BOXING, INC.						FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business			Mailing Address			03 JUL -7 AM-9: 16				
1300 Paul Russell Road North Tallahassee Fl 32301			1300 PAUL RUSSELL ROAD NORTH TALLAHASSEE FL 32301				OC I HILLS.	10		
						1 (88)(18) 8)8 (8)			II a d in i fe i	
2. Principal F	Place of Business	3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		С	City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable				
Zip	Country		Zip C			5. Certificate of Status Desired				
	6. Name and Address of	Current Register	ed Agent			7. Name and Addr	ess of New Registere	d Agent		
				Name		,			į	
HAZELTON, DON 1300 PAUL RUSSELL ROAD NORTH					Street Address (P.O. Box Number is Not Acceptable)					
TALLAHA	SSEE FL 32301			-						
				City			F	L Zip Cod	e	
Signature, typed or printed hame of registered agent and title if applicable. (NOTE: Registered FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 9. Election Campaign Fi Trust Fund Contribution					·	\$5.00 May Be Added to Fees	Make Che Florida Dep	ck Payable		
10.	OFFICERS	AND DIRECTORS		11.	Δ	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAZELTON, DON 1300 PAUL RUSSEL ROA TALLAHASSEE FL 32301		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		900	021384: 01041021	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATKINSON-HAZELTON, G 1300 PAUL RUSSELL RO TALLAHASSEE FL 32301		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZELTON, CHRIS 1300 PAUL RUSSELL RO TALLAHASSEE FL 32301	ad North	☐ 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	
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	

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 AND TYPED OR DEDUCTION NAME OF SIGNAMO OFFICER OR DIRECTOR

(820) 829.252