

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000002188****1. Entity Name**
NAPLES BULLDOGS WRESTLING CLUB, INC.

Principal Place of Business 6160 GREEN BLVD. NAPLES FL 341164824	Mailing Address 6160 GREEN BLVD. NAPLES FL 341164824
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 59-3519503	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KOLEGUE LAWRENCE 6160 GREEN BLVD. NAPLES FL 341164824 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. 04/26/2001 DATE	(NOTE: Registered Agent signature required when reinstalling)
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																
<table border="1"><tr><td>TITLE</td><td>D <input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>THOMPSON DONALD</td></tr><tr><td>STREET ADDRESS</td><td>4610 22ND PLACE S.W.</td></tr><tr><td>CITY-ST-ZIP</td><td>NAPLES FL 34116</td></tr></table>	TITLE	D <input type="checkbox"/> Delete	NAME	THOMPSON DONALD	STREET ADDRESS	4610 22ND PLACE S.W.	CITY-ST-ZIP	NAPLES FL 34116	<table border="1"><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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: LAWRENCE KOLEGUE	VPD	04/26/2001
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CR2E037 (11/00)