

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91786 045 ****61.25

DOCUMENT # N98000002777

1. Entity Name

SANTA FE POP WARNER, INC.



Principal Place of Business

2005 NE BLVD. 21213 NW 74th Pl
HIGH SPRINGS FL 32643 Alachua, FL 32615

Mailing Address

P.O. BOX 598
ALACHUA FL 32616

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 **23-1582287**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FULWOOD, GORDON H
2005 NE BLVD.
HIGH SPRINGS FL 32643

7. Name and Address of New Registered Agent

Name

LARRY KIRKPATRICK

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

21213 NW 74 PL

City

ALACHUA, FL

FL

Zip Code

32615

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FULWOOD, GORDON	
STREET ADDRESS	P.O. BOX 854	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, LARRY	
STREET ADDRESS	21213 NW 74TH PL	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCMANN, TAMMI	
STREET ADDRESS	P.O. BOX 598	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROY, GENENE	
STREET ADDRESS	P.O. BOX 643	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FULWOOD, GORDON H	
STREET ADDRESS	2005 NE BLVD.	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	KIRKPATRICK, LARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21213 NW 74 PL	
STREET ADDRESS	ALACHUA, FL - 32615	
CITY-ST-ZIP		
TITLE	EDWARD RIESS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2005 N.E. DEESE DR. W.	
STREET ADDRESS	HIGH SPRINGS, FL. 32643	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)