

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-04-2002 90158 014 ****61.25

DOCUMENT # N98000002977

1. Entity Name

BLOODHOUND FOOTBALL BOOSTERS, INC. ✓

Principal Place of Business

Mailing Address

P.O. BOX 284
AUBURDALE FL 33823P.O. BOX 284
AUBURDALE FL 33823

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

59-3523396

Applied For
Not Applicable5. 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

O'NEAL, HARRY E
828 ARIETTA CIRCLE
AUBURDALE FL 33823

Name

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

City

FL

Zip Code
33823

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	PORTER, TOM	
STREET ADDRESS	234 CLINTON ST.	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, BRAD	
STREET ADDRESS	114 PERRY ST.	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	O'NEAL, HARRY	<input type="checkbox"/> Delete
NAME	828 ARIETTA CIRCLE	
STREET ADDRESS	AUBURDALE FL 33823	
CITY-ST-ZIP		
TITLE	BEAMON, PATTI	<input type="checkbox"/> Delete
NAME	218 LAKE TERRACE DR	
STREET ADDRESS	310 BELMONT RD.	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	Bobby Anderson (P)	<input type="checkbox"/> Delete
NAME	550 PARKER CT.	
STREET ADDRESS	LAKE ALHARO, FL 33850	
CITY-ST-ZIP		
TITLE	Tony Anderson	<input type="checkbox"/> Delete
NAME	186 Whitehall Blvd.	
STREET ADDRESS	AUBURDALE, FL 33823	
CITY-ST-ZIP		

TITLE	JOE KEY (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	115 SHELBY ST.	
STREET ADDRESS	AUBURDALE, FL 33823	
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		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/02

Date

Daytime Phone #

CR2E037 (4/02)