2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 AM
Secretary of State

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Entity Name: LAKE REGION POP WARNER ASSOCIATION, INC.

Current Principal Place of Business:

260 LAWRENCE BLVD., SUITE 201
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

PO BOX 877
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 59-3534645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWELL, PAUL D
260A LAWRENCE BLVD., SUITE 201
KEYSTONE HEIGHTS, FL 32656

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: GROOMS, JOSEPH B
Address: 7548 GOLF STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD ( ) Delete
Name: STORY, KIMBERLY A
Address: 6541 TRIEST AVENUE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TD ( ) Delete
Name: WILLIAMS, REBECCA E
Address: 7566 ALAMEDA WAY
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PD ( ) Delete
Name: PACE, JOE
Address: 5670 CAMPO DR
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GROOMS, JOSEPH B
Address: 7548 GOLF STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD (X) Change ( ) Addition
Name: GOTTSCHALK, SANDRA
Address: 335 GARDEN ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TD (X) Change ( ) Addition
Name: DAVIS, DIANA E
Address: 7125 PARADISE POINT DR
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PD (X) Change ( ) Addition
Name: CROSBY, GREGG
Address: PO BOX 877
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA DAVIS TD 04/19/2002

Electronic Signature of Signing Officer or Director — Date