

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90208 036 \*\*\*\*61.25

**DOCUMENT # N99000001367**  
1. Entity Name  
**SOUTH BREVARD POP WARNER LITTLE SCHOLARS, INC.**



Principal Place of Business      Mailing Address  
**350 EPPING CT. N.E.  
PALM BAY FL 32907**      **350 EPPING CT. N.E.  
PALM BAY FL 32907**

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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KRAYNIK, PATRICIA  
350 EPPING CT. N.E.  
PALM BAY FL 32907**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KRAYNIK, PATRICIA</b>
STREET ADDRESS	<b>350 EPPING CT. N.E.</b>
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>STEWART, JEB</b>
STREET ADDRESS	<b>2381 OAKLYN ST. N.E.</b>
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>DOYNE, BOB</b>
STREET ADDRESS	<b>1590 ALBERNI ST. N.W.</b>
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>John Kraynik</b>
STREET ADDRESS	<b>350 Epping Ct NE</b>
CITY-ST-ZIP	<b>Palm Bay, FL 32907</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>Margaret Spinazzola</b>
STREET ADDRESS	<b>2405 Colonial Dr</b>
CITY-ST-ZIP	<b>Melbourne, FL 32901</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>Tina West</b>
STREET ADDRESS	<b>498 Borraclough Ave</b>
CITY-ST-ZIP	<b>Palm Bay, FL 32909</b>

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]*      SIGNATURE REQUIRED      4/28/03      321 508 5432

CR2E037 (10/02)