2002 UNIFORM BUSINESS REPORT (UBR) FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # N99000002955 1. Entity Name EUSTIS JUNIOR FOOTBALL LEAGUE, INC. 05-28-2002 91693 039 ****61.25 Mailing Address Principal Place of Business 114 W SEMINOLE AVENUE 114 W SEMINOLE AVENUE EUSTIS FL 32726 EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Seminole Hue Seminole Applied For 4. FEI Number Eustis 59-3577295 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32726 1151 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCPHERSON, REBECCA 2290 S BAY STREET **EUSTIS FL 32726** Zip Code 32726 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. DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)mePherson, Kebecca **X** Change TITLE TITLE ☐ Delete NAME 51 Old Mt. DORA Rd NAME MCPHERSON, REBECCA STREET ADDRESS STREET ADDRESS 2290 S BAY STREET CITY-ST-ZIP CITY-ST-ZIP Eustis FL 32726 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME SAUNDERS, JOHNNIE STREET ADDRESS STREET ADDRESS 114 W. SEMINOLE AVE. CITY-ST-ZIP CITY-ST-ZIP Eustis Fl 32726 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ΤD NAME NAME Brown, Erin STREET ADDRESS STREET ADDRESS P.O. BOX 193 CITY-ST-7IP CITY-ST-ZIP EUSTIS FL 32727 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BROWN, ERIN STREET ADDRESS STREET ADDRESS P. O. BOX 193 CITY-ST-7IP CITY-ST-ZIP EUSTIS FL 32727-0193 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME MOORE, DAREN STREET ADDRESS STREET ADDRESS P.O. BOX 193 CITY-ST-ZIP CITY-ST-ZIP Eustis FL 32726 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR