

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90001 043 \*\*\*\*61.25

**DOCUMENT # N99000005778**

1. Entity Name

**CHIEFLAND SPORTS CONNECTION, INC.**

Principal Place of Business

**14238 NW HWY 19  
 CHIEFLAND FL 32626**

Mailing Address

**14238 NW HWY 19  
 CHIEFLAND FL 32626**

**979008**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3597059**

Applied For

Not Applicable

5. 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

**BECK, PHILLIP K  
 11151 NW 115 STREET  
 CHIEFLAND FL 32626**

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.

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  
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
 NAME **SEMENTELLI, CARMELA M**  
 STREET ADDRESS **6750 NW 153 LANE**  
 CITY-ST-ZIP **CHIEFLAND FL 32644**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete  
 NAME **SEMENTELLI, CAT**  
 STREET ADDRESS **6750 NW 153 LANE**  
 CITY-ST-ZIP **CHIEFLAND FL 32644**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete  
 NAME **WHITTINGTON, DEANNE**  
 STREET ADDRESS **10509 SE CR 319**  
 CITY-ST-ZIP **TRENTON FL 32693**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☒ Delete  
 NAME **FULLER, CYNTHIA**  
 STREET ADDRESS **716 E PARK AVE**  
 CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DR** ☐ Delete  
 NAME **ROBERTS, BERNARD**  
 STREET ADDRESS **109 NE 5TH ST**  
 CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE ☒ Change ☐ Addition  
 NAME **VP Roberts, Bernard**  
 STREET ADDRESS **109 NE 5th St.**  
 CITY-ST-ZIP **Chiefland, FL 32626**

TITLE **DPA** ☐ Delete  
 NAME **GATES, TOMMY**  
 STREET ADDRESS **OHIO AVE**  
 CITY-ST-ZIP **TRENTON FL 32699**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Carmela Sementelli*

9/09/01

352-493-0568

CR2E037(5/01)