2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # N9900007251 1. Entity Name HOWIED FAN GLUB, INC. DOROUGH LUPUS FOUNDATION 05-17-2001 91288 034 ****61.25 Principal Place of Business Mailing Address POST OFFICE BOX 100050 POST OFFICE BOX 100050 PALM BAY FL 32910 PALM BAY FL 32910 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3603524 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLDER, JOHN CIASCOUNT 5275 BABCOCK STREET SUITE 2 Zip Code **7290**5 PALM BAY FL 32905 8. The above named entity-submits this statement for the purpose of changing its registered office or registered agent, of both, in the state of Fiorida. SIGNATURE 🔼 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Addition NAME DOROUGH, HOWARD NAME PO DOX 110176 STREET ADDRESS POST OFFICE BOX 100050 N/A STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32910 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME HERRING, ANGELA NAME POST OFFICE BOX 110176 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32910 ☐ Delete TITLE TITLE NAME DOROUGH, JOHN NAME STREET ADDRESS POST OFFICE BOX 100050 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32910 TITLE ☐ Delete TIT! F Addition NAME NAME DOROUGH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 22911 -0176 TITI F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS バウィフ CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change **≯c** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered