

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90082 021 ****61.25

DOCUMENT # N99000007563

1. Entity Name

NORTH FLORIDA UMPIRES ASSOCIATION, INC.

Principal Place of Business

**2202 WOODLAWN DR
TALLAHASSEE FL 32303-3915**

Mailing Address

**2202 WOODLAWN DR
TALLAHASSEE FL 32303-3915**

00004831

2. Principal Place of Business

3309 Woody Way

Suite, Apt. #, etc.

3. Mailing Address

3309 Woody Way

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3440994

Applied For

Not Applicable

Zip

32309

Country

USA

Zip

32309

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AUSMAN, DONNA H
2202 WOODLAWN DR
TALLAHASSEE FL 32303-3915**

7. Name and Address of New Registered Agent

Name

Craig T. Bryant

Street Address (P.O. Box Number is Not Acceptable)

3309 Woody Way

City

Tallahassee

FL

Zip Code
32309

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

Craig T. Bryant **Craig T. Bryant Secretary / Treasurer**

3/8/02

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **STOJAN, CURT**
STREET ADDRESS **2712 W THARPT ST H-49**
CITY-ST-ZIP **TALLAHASSEE**

TITLE **VD** ☐ Delete
NAME **BRYANT, CRAIG**
STREET ADDRESS **3309 WOODY WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **STD** ☒ Delete
NAME **AUSMAN, DONNA H**
STREET ADDRESS **2202 WOODLAWN DR**
CITY-ST-ZIP **TALLAHASSEE FL 32303-3915**

TITLE **D** ☒ Delete
NAME **AUSMAN, JON**
STREET ADDRESS **2202 WOODLAWN DR**
CITY-ST-ZIP **TALLAHASSEE FL 32303-3915**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **STD** ☒ Change ☐ Addition
NAME **Bryant, Craig**
STREET ADDRESS **3309 Woody Way**
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE **VD** ☐ Change ☒ Addition
NAME **Levine, Steve**
STREET ADDRESS **2915 Shower Rd., Apt. 1113**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **D** ☐ Change ☒ Addition
NAME **Cisco, Jonathan**
STREET ADDRESS **2662 Faversham Dr.**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **D** ☐ Change ☒ Addition
NAME **Jefferson, Dwayne**
STREET ADDRESS **1440 S. Gadsden St.**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE ☐ Change ☐ 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:

Craig T. Bryant **Craig T. Bryant**

3/8/02

850-488-1409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)