

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90161 020 \*\*\*\*61.25

**DOCUMENT # N99000007563**

**1. Entity Name**  
**NORTH FLORIDA UMPIRES ASSOCIATION, INC.**



**Principal Place of Business**  
**3309 WOODY WAY**  
**TALLAHASSEE FL 32303-3915**

**Mailing Address**  
**3309 WOODY WAY**  
**TALLAHASSEE FL 32303-3915**

**2. Principal Place of Business**  
**3139 Corrib Drive**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**3139 Corrib Drive**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

**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**

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

**BRYANT, CRAIG T**  
**3309 WOODY WAY**  
**TALLAHASSEE FL 32303-3915**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**3139 Corrib Drive**  
**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Craig T. Bryant* *Craig T. Bryant Secretary/Treasurer* *4/22/03*  
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** **PD** ☐ Delete  
**NAME** **STOJAN, CURT**  
**STREET ADDRESS** **2712 W THARPT ST H-49**  
**CITY-ST-ZIP** **TALLAHASSEE**

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

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

**TITLE** **STD** ☒ Change ☐ Addition  
**NAME** *Bryant, Craig*  
**STREET ADDRESS** *3139 Corrib Drive*  
**CITY-ST-ZIP** *Tallahassee, FL 32309*

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

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

**TITLE** **VD** ☐ Delete  
**NAME** **LEVINE, STEVE**  
**STREET ADDRESS** **2915 SHOWER RD APT 1113**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32312**

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

**TITLE** **D** ☐ Delete  
**NAME** **CLOSE, JONATHAN**  
**STREET ADDRESS** **2662 FAVERSHAM DR.**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32303**

**TITLE** **VD** ☐ Change ☐ Addition  
**NAME** *Close, Jonathan*  
**STREET ADDRESS** *2402 Faversham Dr.*  
**CITY-ST-ZIP** *Tallahassee, FL 32303*

**TITLE** **D** ☒ Delete  
**NAME** **JEFFERSON, DWAYNE**  
**STREET ADDRESS** **1440S GADSDEN ST**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32301**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** *Stephenson, Robert*  
**STREET ADDRESS** *1988 Gina Drive*  
**CITY-ST-ZIP** *Tallahassee, FL 32303*

**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 Secretary/Treasurer* *4/22/03* *850-488-1409*

CR2E037 (10/02)