

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90027 001 ***150.00

DOCUMENT # P00000017684

1. Entity Name

FOOTBALL FUNADDICTS CAMP, INC.

Principal Place of Business

11201 NW 41TH ST.
 CORAL SPRINGS FL 33065

Mailing Address

11201 NW 41TH ST.
 CORAL SPRINGS FL 33065

2. Principal Place of Business

4931 NW 110th Way
 Suite, Apt. #, etc.

3. Mailing Address

4931 NW 110th Way
 Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33076

Country

US

Zip

33076

Country

US

4. FEI Number

65-0986471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COLE, ROBERT
 11201 NW 41TH ST.
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Cole, Robert

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

4931 NW 110th Way

City

Coral Springs

FL

Zip Code

33076

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **COLE, ROBERT**
 STREET ADDRESS **11201 NW 41TH ST.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition
 NAME **Cole, Robert**
 STREET ADDRESS **4931 NW 110th Way**
 CITY-ST-ZIP **Coral Springs, FL 33076**

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

954-340-2744

Daytime Phone #

CR2E034 (10/00)