2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 24, 2001 8:00 am DOCUMENT # P00000024744 **Secretary of State** SPORTS FANS OF AMERICA ASSOCIATION, INC. 01-24-2001 90033 044 ***150.00 Principal Place of Business Mailing Address 3320 NE KENSINGTON PLACE 3320 NE KENSINGTON PLACE HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643 2. Principal Place of Business 3. Mailing Address 3320 NE KENSINGTON F 3320 NO KENSINGTON PL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LIGH SARVUGS. HIGH SPRINGS 59-3646467 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENWALL, PETER C Street Address (P.O. Box Number is Not Acceptable) 2790 NW 43 STREET STE 200 **GAINESVILLE FL 32606** City Zip Code FL 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 rainstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition HUTCHERSON, ROBERT D JR NAME NAME 3320 NE KENSINGTON PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS FL 32643 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE . . -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change * ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.