

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amendment

FILED

02 OCT 28 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000068340

1. Entity Name

The Lions Offense and Defense Contact
Football Camp, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20283 SR 7

Suite, Apt. #, etc.

Suite 400-7

City & State

Boca Raton, Florida

Zip

33498

Country

USA

3. Mailing Address

20283 SR 7

Suite, Apt. #, etc.

Suite 400-7

City & State

Boca Raton, Florida

Zip

33498

Country

USA

4. FEI Number

X

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Brenda Lee Hamilton

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

2 East Camino Real

Suite 202

City

Boca Raton

FL

Zip Code

33432

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 reissuing)

DATE

OCT 2, 02

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
D
Platten, Donald
STREET ADDRESS
20283 State Road, 7, Suite 400
CITY- ST- ZIP
Boca Raton, Florida 33498

TITLE
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CITY- ST- ZIP

700008604897
10/28/02-01024-017 **70.00

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 2, 2002

(561) 864-2300

Date

Daytime Phone #

CR2E034B (12/01)