## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P02000078080

DOCUMENT # 1. Entity Name

VARSITY STARZ FUNDRAISING, INC.



**FILED** Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90177 017 \*\*\*150.00

					GOO WE THE						
Principal Place of Business 11277 54TH AVE NORTH ST PETERSBURG FL 33708		Mailing Address 11277 54TH AVE NORTH ST PETERSBURG FL 33708					( <b>                                     </b>		Hi <b>ro</b> hi k <b>or</b> i ( <b>r</b>		
2. Principal Place of Busi	3. Mailing Address										
Suite, Apt. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State	City & State					El Number	J. 58	2		plied For Applicable	
Zip	Country	Zip	Zip Count				Certificate of Status		□ \$8.7	75 Add Required	itional
6. Name and Address of Current Registered Agent						7. N	Name and Address	of New Regi	stered Agent		
					Name	1	-6176	Thu			
HUNT, CLIFFORD J							FORD		<i>D=</i>		
C/O BECKER & POLIAKOFF, P.A.					Street Addre	ess (P.O. B	ox Number is Not A	Acceptable)	Suit	E	
401 E JACKSON ST SUITE 2400					20-1	1	<u></u>	<u> </u>	1	=	100
					<u> 300/</u>	CXC	ECUTIVE	- DK .	UNI	<u>7</u> c	200
TAMPA FL 33602	· · · · · · · · · · · · · · · · · · ·				CYLEA	RUL	TER.		FL 3	3 76	2-532
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. It am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, types	d printed name of registered agent a	. FM nd title if applicat	le. (NOTE:	Registered	Agent signature re	equired when re	instating)		DATE	03	·
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							9. Election Ca Trust Fund (	mpaign Financ	ing		May Be to Fees
Make Check Payable t					<del> </del>					,	
10.	OFFICERS AND I	DIRECTORS		11.		AD	DITIONS/CHANGE	S TO OFFICE	RS AND DIRE	CTORS	IN 11
NAME STREET ADDRESS // 2 7	7 54× AVE	N DOC	Delete	TITLE NAME STREE						Change	Addition
CITY-ST-ZIP 57.	CIC. FL33708	Phu	SIDENI	CITY-	-ST-ZIP						
NAME STREET ADDRESS //277	PCTC, FL33708 IN R. TOSCA 54 AVE N	NO.	Delete	TITLE NAME STREI						Change	☐ Addition }
CITY-ST-ZIP ST. F	PETE. FL3370 YEL J. FRY	8 VI	<u>:E_PRES.</u>	╂	-ST-ZIP						
1/1/5-	ICL J FRY EDIN:BURG-1	9.D	□ Delete	NAME	<u> </u>	· · · · · · · · · · · · · · · · · · ·			<u></u>	Change	Addition
STREET ADDRESS 7	RULLE NJ	08619	VICE RES.		ET ADDRESS - ST-ZIP						
NAME			Delete	TITLE NAME						Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP			Delete							Change	Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE						Change	Addition
CITY-ST-ZIP					ST-ZIP			•	m		
12. I hereby certify that th	ne information supplied with	this filing do	es not qualify for t	he exer	mption stated i	in Section 1	119.07(3)(i), Florida	Statutes. I fur	ther certify the	at the in	formation

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**