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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 28 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000077163 (2)**

1. Corporation Name
DENNIS ERICKSON'S FOOTBALL CAMP, INC.

Principal Place of Business	Mailing Address
NO. 1 HURRICANE DR. CORAL GABLES FL 33124	PO BOX 248187 CORAL GABLES FL 33124

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/01/1993**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business	2a. Mailing Address
21 11220 N.E. 53rd Street	26 11220 N.E. 53rd Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Kirkland, WA	28 Kirkland, WA
24 Zip: 98033 / 25 Country	29 Zip: 98033 / 30 Country

4. FEI Number: **65-0449930** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHRISTIN, NICHOLAS E 2655 LEJEUNE RD. SUITE 1101 CORAL GABLES FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERICKSON, DENNIS NO. 1 HURRICANE DR. CORAL GABLES FL 33124	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition D Erickson, Dennis 11220 N.E. 53rd Street Kirkland, WA 98033
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, GREGORY NO. 1 HURRICANE DR. CORAL GABLES FL 33124	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis Erickson Dennis Erickson 2/15/95 (206)282-8507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

043B84 FP