

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081916

1. Entity Name

CHRISTIAN HOMESCHOOL ATHLETIC ASSOCIATION OF FLO

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90095 011 ***150.00

Principal Place of Business

Mailing Address

103 ROYAL PARK DR., # 4-E
 FT LAUDERDALE FL 33309

103 ROYAL PARK DR., # 4-E
 FT LAUDERDALE FL 33309-5832

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0783430

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREASSEN, RICK
 103 ROYAL PARK DR., # 4-E
 FT LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME DPST
 STREET ADDRESS ANDREASSEN, RICK
 CITY-ST-ZIP 103 ROYAL PARK DR., # 4-E
 FT LAUDERDALE FL 33309

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS MORRISON, RONALD
 CITY-ST-ZIP 1 ROYAL PALM DRIVE
 FT LAUDERDALE FL 33301-1408

TITLE Change Addition
 NAME
 STREET ADDRESS 1236 S. OCEAN DRIVE
 CITY-ST-ZIP 33316

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 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.

SIGNATURE: X

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 RICK ANDREASSEN

PRESIDENT

X 3/7/2000

(954) 717-4428

Date

Daytime Phone #

CF 1004 (MAY)