2001 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P97000081916** Mar 29, 2001 8:00 am Secretary of State CHRISTIAN HOMESCHOOL ATHLETIC ASSOCIATION OF FLO 03-29-2001 90399 032 ***150.00 Mailing Address Principal Place of Business 103 ROYAL PARK DR., # 4-E 103 ROYAL PARK DR.. # 4-E FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0783430 City & State Not Applicable 33309-6832 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 333*0*9 ~ 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDREASSEN, RICK Street Address (P.O. Box Number is Not Acceptable) 103 ROYAL PARK DR., # 4-E FT LAUDERDALE FL 33309 - 6832, City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE ANDREASSEN, RICK NAME NAME 103 ROYAL PARK DR., # 4-E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33309 FT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Addition TITLE ☐ Detete MORRISON, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 1236 S. OCEAN DRIVE CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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 of the corporation or the receiver or trustee empowered to changed, or on an attackment with an address, with all or

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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