

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058287

1. Entity Name

RENEGADE CHAMPIONSHIP WRESTLING, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90248 014 ***150.00

Principal Place of Business

Mailing Address

ONE WEST MACCLENNEY AVE
 MACCLENNEY FL 32063

ONE WEST MACCLENNEY AVE
 MACCLENNEY FL 32063-2027

2. Principal Place of Business

5 W. Macclenny Avenue

Suite, Apt. #, etc.

3. Mailing Address

5 W. Macclenny Avenue

Suite, Apt. #, etc.

City & State

Macclenny, FL 32063

City & State

Macclenny, FL 32063

Zip

Country

Zip

Country

4. FEI Number

59-3576586

Applied For

Not Applicable

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

KIRKLAND, GRANVEL S
 ONE WEST MACCLENNEY AVE
 MACCLENNEY FL 32063

Name

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

5 West Macclenny Avenue

City

Macclenny,

FL

Zip Code
 32063

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KIRKLAND, GRANVEL S ONE W. MACCLENNEY AVENUE MACCLENNEY FL 32063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 West Macclenny Avenue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIRKLAND, MARGARET A ONE W. MACCLENNEY AVENUE MACCLENNEY FL 32063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 West Macclenny Avenue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Margaret A. Kirkland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 (904) 259-3161

Date

Daytime Phone #