FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 23 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V30294 (5)

1. Corporation Name
NORTH CENTRAL UMPIRES' ASSOCIATION OF GAINESVILL E, INC.

Principal Place of Business	Mailing Address
3722 N.W. 84TH DR. GAINESVILLE FL 32606	3722 N.W. 84TH DR. GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1992
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business
21 1210 N. Main St
22 Suite, Apt. #, etc. P.O. Box 2154
23 City & State: High Springs, FL
24 Zip: 32643 25 Country: USA

2a. Mailing Address
26 P.O. Box 2154
27 Suite, Apt. #, etc.
28 City & State: High Springs, FL
29 Zip: 32643 30 Country: USA

4. FEI Number: 59-3163253 ☐ 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 XX No

9. Name and Address of Current Registered Agent

BUCKNER, PAUL A.
725 N.W. 4TH AVE.
HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent

81 Name: Paul A. Buckner
82 Street Address (P.O. Box Number Is Not Acceptable): 1210 N. Main St.
83 P.O. Box 2154
84 City: High Springs FL 85 Zip Code: 32643

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: PAUL A. BUCKNER Paul A. Buckner 3/19/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	BUCKNER, PAUL	1.2 NAME		
STREET ADDRESS	P.O. BOX 2154 N/A	1.3 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPINGS FL 32643	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	GEIGER, DONALD	2.2 NAME	HAL REED	
STREET ADDRESS	RT. 4 BOX 1627	2.3 STREET ADDRESS	2508 NW57 Place	
CITY-ST-ZIP	WILLISTON FL 32696	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	GEMMA, JOHN	3.2 NAME	MIKE BOOTH	
STREET ADDRESS	1639 N.E. 40TH PLACE	3.3 STREET ADDRESS	3645 NW 51 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32609	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	MURDOCK, DOUG	4.2 NAME		
STREET ADDRESS	P.O. BOX 12 N/A	4.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Paul A. Buckner 3/19/95 (904) 374-6111
PAUL A. BUCKNER
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR Date Daytime Phone #

6033407 CR