

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770634

1. Entity Name

FAN ASSOCIATION OF NORTH AMERICA, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90095 022 ****61.25

Principal Place of Business

Mailing Address

6138 DEACON DRIVE
 WINDERMERE FL 34786

6138 DEACON DRIVE
 WINDERMERE FL 34786-8936



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

59-2381870

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

JOHNSON, COLIN
 6138 DEACON DRIVE
 WINDERMERE FL 34786

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

FILE NOW:
FEE IS \$61.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Delete
NAME	JOHNSON, COLIN	
STREET ADDRESS	6138 DEACON DRIVE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BLUE, WENDY HAMILTON	
STREET ADDRESS	2118 VAN BUREN DR	
CITY-ST-ZIP	WHITEHALL PA	
TITLE	SR	<input checked="" type="checkbox"/> Delete
NAME	CORNISH, HERBERT	
STREET ADDRESS	830 W CLARK ST	
CITY-ST-ZIP	YPSILANTI MI 48195	
TITLE	SC	<input checked="" type="checkbox"/> Delete
NAME	DAMON, VIRGINIA	
STREET ADDRESS	BOX 177 CLEVELAND HILL	
CITY-ST-ZIP	TAMWORTH NH 03886	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, BONNIE	
STREET ADDRESS	1809 W BURBANK BLVD, STE A	
CITY-ST-ZIP	BURBANK CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOCKENDORF, MICAEL	
STREET ADDRESS	1 APPLETREE DR.	
CITY-ST-ZIP	STAMFORD CT	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhonda Freeman	
STREET ADDRESS	1011 West G St	
CITY-ST-ZIP	Jenks OK 74037	
TITLE	SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tracy Winkler	
STREET ADDRESS	20103 Avenida Pamplona	
CITY-ST-ZIP	Cerritos CA	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miriam Bennett	
STREET ADDRESS	1202-1495 Beach Ave	
CITY-ST-ZIP	Vancouver BC V6G 2Y5	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Worsham	
STREET ADDRESS	17 Langley Lane	
CITY-ST-ZIP	Old Westbury NY 11568	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl Fine	
STREET ADDRESS	2112 E Colter St	
CITY-ST-ZIP	Phoenix AZ 95016	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Colin Johnson **REQUIRE** Johnson

Date: Jan 15, 2000 Daytime Phone #: 407 876 3095

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CF2E037 (9/99)