

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90297 038 ****61.25

DOCUMENT # 770634

1. Entity Name

FAN ASSOCIATION OF NORTH AMERICA, INC.

Principal Place of Business

6138 DEACON DRIVE
 WINDERMERE FL 34786

Mailing Address

6138 DEACON DRIVE
 WINDERMERE FL 34786

Payne Stewart



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

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

Payne Stewart Dr (name change)

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

Colin Johnson

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
 NAME: JOHNSON, COLIN
 STREET ADDRESS: 6138 DEACON DRIVE
 CITY-ST-ZIP: WINDERMERE FL

TITLE: P
 NAME: FREEMAN, RHONDA
 STREET ADDRESS: 1011 WEST G ST.
 CITY-ST-ZIP: JENKS OK 74037

TITLE: SR
 NAME: WINKLER, TRACY
 STREET ADDRESS: 20103 AVENIDA PAMPLONA
 CITY-ST-ZIP: CERRITOS CA

TITLE: VP
 NAME: BENNETT, MIRIAM
 STREET ADDRESS: 1202-1995 BEACH AVE
 CITY-ST-ZIP: VANCOUVER BC CO VGG- 2YS

TITLE: T
 NAME: ~~WOBESHAM, NANCY~~ *Bonnie Bryant*
 STREET ADDRESS: ~~17 LANGLEY LANE~~ *1309 W Burbank #A*
 CITY-ST-ZIP: ~~OLD WESTBURY NY~~ *Bur bank CA*

TITLE: D
 NAME: FINE, CHERYL
 STREET ADDRESS: 2111 E COLTER ST
 CITY-ST-ZIP: PHOENIX AZ 95016

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 12 2001
 Date Daytime Phone #

CR2E037 (10/00)