

2000 UNIFORM BUSINESS REPORT (UBR)

0021561

DOCUMENT # 715245

1. Entity Name
MERRITT ISLAND MIDGET FOOTBALL LEAGUE, INC.

FILED
00 MAR -9 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

119 A. MUSTANG WAY **PO BOX 540384**
MERRITT ISLAND FL 32953 **MERRITT ISLAND FLA 32954-0384**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **23-7085688** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HINDS, RHONDA
300 MAGNOLIA AVE
STE A
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME	SD THEEDERS, DENISE <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	189 OAK GROVE LANE MERRITT ISLAND FL 32952
TITLE NAME	ED MURRAY, TIM <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	805 RICHLAND AVE MERRITT ISLAND FL 32953
TITLE NAME	VP DOUGHERTY, DENNIS <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2370 PALM LAKE DR MERRITT ISLAND FL 32952
TITLE NAME	P SKINNER, DON <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1505 SOUTH OAKS DR MERRITT ISLAND FL 32952
TITLE NAME	TD HINDS, RHONDA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1835 N BANANA RIVER DR MERRITT ISLAND FL 32952
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD Noble, Angu <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4240 Blossom Circle Merritt Island FL 32952
TITLE NAME	800003178238-8 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	-03/21/00--01096--017 *****61.25 *****61.25
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **REQUIRED Treasurer** **3/5/00 321-454-2266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)