2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State
03-16-2000 90071 001 ****61.25

DOCUMENT # 763610

1. Entity Name

AUBURNDALE YOUTH FOOTBALL LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2131 AUBURNDALE FL 33823	P.O. BOX 2131 AUBURNDALE FL 33823-6131

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 59-2157517 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CANCINO, RHONDA
1533 AUBURN OAKS CIRCLE
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name James Crow

Street Address (P.O. Box Number is Not Acceptable) 326 4th Street E.

City Wahneta FL Zip Code 33880

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 James Crow 2/15/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVPD CANCINO, RHONDA 1533 AUBURN OAKS CIRCLE AUBURNDALE FL 33823	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres James Crow 326 4th Street E Wahneta, FL 33880	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOFQUTST, SHERRON 1537 BERCEY RECIA AUBURNDALE FL 33823	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Tres Sherron Lofquist 1539 State Rd 655 Auburndale, FL 33823	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS BUSH, SANDRA 333 SUNNY ROAD LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	→ Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCD STONE, APRIL 217 GREEN STREET AUBURNDALE FL 33823	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Sherron Lofquist PRESIDENT 2/15/00 863-682-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #