

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90033 025 ****61.25

DOCUMENT # 766361

1. Entity Name

DESOTO COUNTY ADULT ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O DCAAA
 948 N ARCADIA AVE
 ARCADIA FL 33821
 US**

**2500 SE QUAIL AVE
 ARCADIA FL 34266
 US**

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 **59-2375630**

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

**TYNER, LOIS
 2500 SE QUAIL AVE
 ARCADIA FL 33821**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	NEWBERRY, EDDIE	3096 CREEKWOOD TERR ARCADIA FL 34266				
	PD	NORRIS, JIMMY	3701 NE MCINTYRE ST ARCADIA FL 34266				
	VD	RIFE, DON	3067 SW HARVEY AVE ARCADIA FL 34266				
	D	COKER, SEARS	5759 NW SCOUT AVE ARCADIA FL 34266				
	STD	TYNER, LOIS	2500 SE QUAIL AVE ARCADIA FL 33821				
	D	TYNER, TOMMY	2500 SE QUAIL AVE ARCADIA FL 33821				

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: _____

Lois Tyner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-02

Daytime Phone #

863-994-7030

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

Attachment
Doc# TeleBell
B0017976

DESOTO COUNTY ADULT ATHLETIC ASSOCIATION, INC.

59-2375630

ADDITIONAL DIRECTORS:

D
HINES, BILLY
1596 SE PEAR DR
ARCADIA, FL. 34266

D
GILLIARD, JODI ~~delete~~
3029 SW HARVEY AVE
ARCADIA, FL 34266

change to
AHMED, PHIL
7597 SE US HWY 31
ARCADIA, FL. 34266

D
JONES, PAUL
3509 SE BROWN RD
ARCADIA, FL 34266