

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90090 001 ****61.25

DOCUMENT # 767079

1. Entity Name

PERDIDO BAY YOUTH SPORTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**13705 SORRENTO RD
PENSACOLA FL 32507**

**P.O. BOX 34060
PENSACOLA FL 32507**

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

59-3395400

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

**COLE, LESLIE
~~5546 NASHO DR~~
PENSACOLA FL 32507**

Name

Street Address (P.O. Box Number is Not Acceptable)

5546 NAVAHO DRIVE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KEMP, MARK E 1504 NAVAHO CT PENSACOLA FL 32507	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CICERO, JIM 1738 BEACHSIDE DR PENSACOLA FL 32506	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARTH, FRED 7166 SHARP REEF PENSACOLA FL 32507	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LACONTE, THOMAS JR 11440 HAVBURG DR PENSACOLA FL 32506	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLE, LESLIE 5546 NAVAHO DR PENSACOLA FL 32507	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR MCCLELLAN, PAT 5939 N.BAY POINT DR PENSACOLA FL 32507	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Chris Robinson 745 Martin's Pike Pensacola, FL 32506	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Thomas R. Hopper 5805 Coronado Blvd. Pensacola, FL 32507	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

(850) 438-4679

Date

Daytime Phone #

CR2E037 (9/01)