

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768846
 1. Entity Name
FORT MYERS-LEE COUNTY YOUTH BASKETBALL ASSOCIATI

FILED
00 SEP 25 PM 4: 44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 1520 ROYAL PALM SQ. BLVD. 1520 ROYAL PALM SQ. BLVD.
 SUITE 360 SUITE 360
 FT. MYERS FL 33919 FT. MYERS FL 33919

2. Principal Place of Business 3. Mailing Address
 2121 West First Street P.O. Drawer 400
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Ft. Myers, FL Ft. Myers, FL
 City & State City & State



REINSTATEMENT 2000

4. FEI Number 59-2326257
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~MILLER, ERIC~~
 1520 ROYAL PALM SQ. BLVD.
 SUITE 360
 FT. MYERS FL 33919

7. Name and Address of New Registered Agent
 Name JOHN STEWART
 Street Address (P.O. Box Number is Not Acceptable)
 2121 West First Street
 City Ft. Myers FL Zip Code 33901

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 9-22-00
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
After September 13, 2000 min. will be \$236.25

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 STREET ADDRESS CITY-ST-ZIP	D/P MILLER, ERIC 12446 MCGREGOR WOODS CL. FT. MYERS FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP BENNETT, DAVID 8814 FORDHAM AVE. FT. MYERS FL 33907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SHIPLEY, GERALD 13732 PINE VILLA LANE FT. MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P JOHN STEWART 2121 West First Street Ft. Myers, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003418054-3 -10/09/00-01014-014 *****236.25 *****236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **9/22/00** **941-334-1141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20037 (5/00)