

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91624 003 ****61.25

DOCUMENT # NO1000000461

1. Entity Name

PORT ST. JOHN YOUTH SPORTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7000 BELFAST AVE
 COCOA FL 32927**

**7000 BELFAST AVE
 COCOA FL 32927**

435998

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

59-3691826

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

**TETTING, PETER M
 7000 BELFAST AVE
 COCOA FL 32927**

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

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **TETTING, PETER M**
 CITY-ST-ZIP **7000 BELFAST AVE
 COCOA FL 32927**

TITLE ☐ Change ☒ Addition
 NAME **Cheer Coordinator**
 STREET ADDRESS **Monica Edwards**
 CITY-ST-ZIP **4517 Arton St.
 COCOA, FL 32927**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BARNETT, RICKEY**
 CITY-ST-ZIP **367 AKON STREET
 COCOA FL 32927**

TITLE ☐ Change ☒ Addition
 NAME **Dennis Jackson**
 STREET ADDRESS **Football Director**
 CITY-ST-ZIP **6854 Sweet Bay Ct.
 COCOA, FL 32927**

TITLE ☒ Delete
 NAME **DST**
 STREET ADDRESS **WROBLE, KATHY**
 CITY-ST-ZIP **6065 BARRANCO AVE
 COCOA FL 32927**

TITLE ☐ Change ☒ Addition
 NAME **Educational Director**
 STREET ADDRESS **Mike Fraccalvieri**
 CITY-ST-ZIP **6595 Fuller Ave
 COCOA, FL 32927**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **WROBLE, RON**
 CITY-ST-ZIP **6065 BARRANCO AVE
 COCOA FL 32927**

TITLE ☐ Change ☒ Addition
 NAME **TREASURE**
 STREET ADDRESS **Linda A Bieber**
 CITY-ST-ZIP **6300 Janina Rd
 COCOA, FL 32927**

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **BOREN, JEFFREY**
 CITY-ST-ZIP **6924 CARLOWE AVE
 COCOA FL 32927**

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Mary Ann Jackson**
 CITY-ST-ZIP **6854 Sweet Bay Ct.
 COCOA, FL 32927**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **HENRY, KEN**
 CITY-ST-ZIP **4715 GREENHILL STREET
 COCOA FL 32927**

TITLE ☐ Change ☐ Addition
 NAME
 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

4/30/02

(321) 632-7339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)