


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90072 021 \*\*\*\*70.00

**DOCUMENT # N01000000714**

1. Entity Name  
**UNITED YOUTH FOOTBALL AND CHEERLEADERS LEAGUE, INC.**



Principal Place of Business  
**370 NE 59 CT  
 FT LAUDERDALE, FL 33334**

Mailing Address  
**1251 S FEDERAL HWY  
 UNIT 105  
 BOCA RATON, FL 33432**

**24051830**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04132004 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LLERAS, JOE  
 370 NE 59 CT  
 FT LAUDERDALE, FL 33334**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	LLERAS, JOE	
STREET ADDRESS	370 NE 59 CT	
CITY-ST-ZIP	FT LAUDERDALE, FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLIS, MICHAEL	
STREET ADDRESS	270 NW 15TH PLACE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALLORAN, SUZAN	
STREET ADDRESS	1251 S FEDERAL	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, DIANNE	
STREET ADDRESS	2616 NE 15TERR	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GASBERIC, DEBBIE	
STREET ADDRESS	4891 NE 2ND AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Suzan Halloran - Suzan Halloran* **4-16-04** **561-750-3025**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #