


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90095 004 ****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
2. Principal Place of Business 1801 N.E. 6th St.		3. Mailing Address 1801 N.E. 6th St.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Pompano Bch. FLA.		City & State Pompano Bch. FLA.
Zip 33060		Zip 33060
Country		Country

50050047



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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: Michael Gillis Street Address (P.O. Box Number is Not Acceptable): 1801 N.E. 6th St. City: Pompano Bch. FL Zip Code: 33060		
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: <u>Michael Gillis</u> 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
Due By May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete NAME: LLERAS, JOE STREET ADDRESS: 370 NE 59 CT CITY-ST-ZIP: FT LAUDERDALE FL 33334	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Michael Gillis STREET ADDRESS: 1801 NE 6th St. CITY-ST-ZIP: Pompano Bch. FLA. 33060
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"/> Change <input checked="" type="checkbox"/> Addition NAME: CARTER, CHRIS STREET ADDRESS: 3200 CORAL SPRINGS DRIVE CITY-ST-ZIP: CORAL SPRINGS, FLA. 33065
TITLE D	<input checked="" type="checkbox"/> Delete NAME: HALLORAN, SUZAN STREET ADDRESS: 1251 S FEDERAL CITY-ST-ZIP: BOCA RATON FL 33432	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Marshall, Gerrie STREET ADDRESS: 2910 N.E. 8 Ave. CITY-ST-ZIP: Pompano Bch. FLA. 33064
TITLE D	<input type="checkbox"/> Delete NAME: SCHNEIDER, DIANNE STREET ADDRESS: 2616 NE 15TERR CITY-ST-ZIP: POMPANO BEACH FL 33064	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Schneider, Dianne STREET ADDRESS: 2616 N.E. 1st Terr CITY-ST-ZIP: Pompano Bch FLA 33064
TITLE CD	<input type="checkbox"/> Delete NAME: GASBERIC, DEBBIE STREET ADDRESS: 4891 NE 2ND AVE CITY-ST-ZIP: FORT LAUDERDALE FL 33334	TITLE CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: GASBERIC, DEBBIE STREET ADDRESS: 4891 NE 2nd Ave CITY-ST-ZIP: ft. Lauderdale, FL. 33334
TITLE	<input type="checkbox"/> Delete	TITLE	<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: Michael Gillis, Michael Gillis **5-3-05 (754)235-3541**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #