

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90083 017 ****61.25

DOCUMENT # N15741

1. Entity Name

PASCO DIXIE YOUTH LEAGUE, INC.

Principal Place of Business

Mailing Address

22627 RAILROAD AVE
 SAN ANTONIO FL 33576
 US

P.O. BOX 205
 SAN ANTONIO FL 33576
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2718789

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRADER, TERRY
32745 PENNSYLVANIA AVENUE
SAN ANTONIO FL 33576

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

Terry Schrader

9-10-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, TRAVIS	NAME	
STREET ADDRESS	14027 HUDSON LANE	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, TRAVIS	NAME	
STREET ADDRESS	14027 HUDSON LANE	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSTON, JEFF	NAME	
STREET ADDRESS	7441 FORT KING ROAD	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSTON, JEFF	NAME	
STREET ADDRESS	7441 FORT KING ROAD	STREET ADDRESS	
CITY-ST-ZIP	ZEPHRHILLS FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUDE, DAVID	NAME	
STREET ADDRESS	16143 JESSAMINE RD.	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRADER, TERRY	NAME	
STREET ADDRESS	31414 PASCO ROAD	STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO FL	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: *Terry Schrader* 9-10-02 352 588 3141

CR2E037 (4/02)