

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N24012**

1. Entity Name

**YOUNG ACHIEVERS SPRINT CLUB, INC.**

Principal Place of Business

**%CALEB WHITE, JR.  
3931 FERNGLLEN DRIVE  
JACKSONVILLE FL 32211**

Mailing Address

**%CALEB WHITE, JR.  
3931 FERNGLLEN DRIVE  
JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2782319**

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

**WHITE, CALEB JR.  
3931 FERNGLLEN DRIVE  
JACKSONVILLE FL 32211**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE, CALEB JR.</b>	
STREET ADDRESS	<b>3931 FERNGLLEN DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277-1610</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, E TYRONE</b>	
STREET ADDRESS	<b>10516 BESSENT RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARDS, RITA</b>	
STREET ADDRESS	<b>2557 SPRINGLAKE ROAD W.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, HENRY</b>	
STREET ADDRESS	<b>2150 LEGER COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HENDERSON, JOSEPH</b>	
STREET ADDRESS	<b>1118 BESWMER ROAD</b>	
CITY-ST-ZIP	<b>HUNTSVILLE AL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, DENISE</b>	
STREET ADDRESS	<b>7033 SWAMP FLOWER DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90133 046 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)