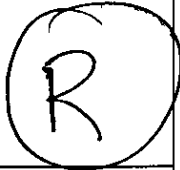


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31430

1. Entity Name

AVON PARK YOUTH FOOTBALL, INC.



FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90003 036 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 218 AVON PARK FL 33825 US	Mailing Address P.O. BOX 218 AVON PARK FL 33826-0218 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-2381111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEARLMAN, DOREEN J.
2534 W RAVEN RD
AVON PARK FL 33825

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.

SIGNATURE: *Doreen J Pearlman* *Doreen J Pearlman Treas.* *6-1-00*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARLMAN, GREGORY A 2534 W. RAVEN RD AVON PARK FL 33825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete COOK, WESLEY 511 E ASH ST AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS <input type="checkbox"/> Delete PEARLMAN, DOREEN 2534 W. RAVEN RD. AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete ALBRITTEN, LINDA 2338 W FISHER AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BARCINAS, SHEENA 2445 W HAVILAND RD AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete MUNDO, VICKI 7680 E HORSE HAMMOCK RD AVON PARK FL 33825

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shelly Shields <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition sect. 2648 N. Thomas Rd AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARA RAMOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Board 2241 C.B. 64 EAST AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karen Hite P.O. Box 374 AVON PARK FL 33826

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 an other like empowered.

SIGNATURE: *Doreen J Pearlman* *Doreen J Pearlman* *6/1/00* *863-425-0134*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)