

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90293 046 \*\*\*\*61.25

**DOCUMENT # N31430**

1. Entity Name

**AVON PARK YOUTH FOOTBALL, INC.**

Principal Place of Business

P.O. BOX 218  
 AVON PARK FL 33825  
 US

Mailing Address

P.O. BOX 218  
 AVON PARK FL 33825  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2381111**

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

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

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**  
**After September 13, 2000 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

TITLE  Delete  
 NAME **PD PEARLMAN, GREGORY A**  
 STREET ADDRESS **2534 W. RAVEN RD**  
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP COOK, WESLEY**  
 STREET ADDRESS **511 E ASH ST**  
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE  Change  Addition  
 NAME **UP Christopher T USINA**  
 STREET ADDRESS **2719 W. Windsor**  
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE  Delete  
 NAME **TDS PEARLMAN, DOREEN**  
 STREET ADDRESS **2534 W. RAVEN RD.**  
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE  Change  Addition  
 NAME **Doreen Pearlman**  
 STREET ADDRESS **2534 W. RAVEN RD**  
 CITY-ST-ZIP **AVON PARK FL 33825** **Treas.**

TITLE  Delete  
 NAME **T ALBRITTEN, LINDA**  
 STREET ADDRESS **2338 W FISHER**  
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE  Change  Addition  
 NAME **Denise Deloach**  
 STREET ADDRESS **905 S. Avon Est Blvd**  
 CITY-ST-ZIP **AVON PARK FL 33825** **Secy.**

TITLE  Delete  
 NAME **T BARCINAS, SHEENA**  
 STREET ADDRESS **2445 W HAVILAND RD**  
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T MUNDO, VICKI**  
 STREET ADDRESS **7680 E HORSE HAMMOCK RD**  
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE  Change  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 title empowered.

SIGNATURE:

*Doreen J Pearlman*  
**Doreen J Pearlman** 9-17-01

863  
 453-2266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)