

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44715

1. Entity Name

NATIONAL COUNCIL OF YOUTH SPORTS, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90199 002 ****70.00

Principal Place of Business

116 FIRST TERRACE
 STE 709
 PALM BEACH GARDENS FL 33418
 US

Mailing Address

116 FIRST TERRACE
 STE 709
 PALM BEACH GARDENS FL 33418-3625
 US

00007033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1339470

Applied For

Not Applied For

Zip

Country

Zip

Country

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

SALLY CUNNINGHAM
 116 FIRST TERRACE
 STE 709
 PALM BCH GARDENS FL 33418

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

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

(NOTE: Registered Agent signature required when reinstating)

1-20-2000

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: D Delete
 NAME: LANDOLT, LARRY
 STREET ADDRESS: LEDGENG FIELD
 CITY-ST-ZIP: TAMPA FL

TITLE: DT Change Addit
 NAME: DT
 STREET ADDRESS: DT
 CITY-ST-ZIP: DT

TITLE: DT Delete
 NAME: KEY, ABRAHAM L.
 STREET ADDRESS: 300 CLARE DR., P.O. BOX 255
 CITY-ST-ZIP: WASHINGTON PA

TITLE: D Change Addit
 NAME: D
 STREET ADDRESS: D
 CITY-ST-ZIP: D

TITLE: D Delete
 NAME: BUTLER, JON
 STREET ADDRESS: 920 TOWN CENTER DR I-25
 CITY-ST-ZIP: LANGHORNE PA

TITLE: DVP Change Addit
 NAME: DVP
 STREET ADDRESS: DVP
 CITY-ST-ZIP: DVP

TITLE: DS Delete
 NAME: PATRICK, DAVID
 STREET ADDRESS: 5301 S. 76TH ST.
 CITY-ST-ZIP: GREENDALE WI

TITLE: DS Change Addit
 NAME: KELLY HILL
 STREET ADDRESS: 1209 W HEALEY STREET
 CITY-ST-ZIP: CHAMPAIGN, IL 61821

TITLE: DVP Delete
 NAME: THOMPSETT, RAY
 STREET ADDRESS: 2050 N. PLANO RD., #100
 CITY-ST-ZIP: RICHARDSON TX

TITLE: D Change Addit
 NAME: PAM MARSHALL
 STREET ADDRESS: P.O. BOX 10000; c/o WDW RESORTS
 CITY-ST-ZIP: LAKE BUENA VISTA, FL 32830-1000

TITLE: P Delete
 NAME: RUTLEDGE, WANDA
 STREET ADDRESS: 2160 GREENWOOD AVE
 CITY-ST-ZIP: TRENTON NJ

TITLE: Change Addit
 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:

Sally S. Cunningham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000 561-625-119

Date

Daytime Phone #