

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90050 017 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N44715

1. Entity Name
NATIONAL COUNCIL OF YOUTH SPORTS, INC.

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 US
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2. Principal Place of Business 7185 SE SEAGATE LANE	3. Mailing Address 7185 SE SEAGATE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State STUART, FL	City & State STUART, FL
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Zip 34997	Country U.S.A.	Zip 34997	Country USA
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4. FEI Number 62-1339470	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
-SAME- (SALLY S. CUNNINGHAM)

Street Address (P.O. Box Number is Not Acceptable)
7185 SE SEAGATE LANE

City
STUART **FL** Zip Code
34997

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DT LANDOLT, LARRY LEDGENO FIELD TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEY, ABRAHAM L. 300 CLARE DR., P.O. BOX 255 WASHINGTON PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTLER, JON 920 TOWN CENTER DR 125 LANGHORNE PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HILL, KELLY 1209 W HEALEY STREET CHAMPAIGN IL 61821	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, PAM PO BOX 10000 C/O WDW RESORTS LAKE BUENA VISTA FL 32830-1000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUTLEDGE, WANDA 2160 GREENWOOD AVE TRENTON NJ	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
301 Grove Street, Lynchburg Park Lynchburg, VA 24501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
586 Middletown Blvd, Ste C-100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2620 Whitehorse-Hamilton Square Rd. Hamilton Square, NJ 08690	

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 REQUIRED **SALLY S. CUNNINGHAM** 1-4-2001 561-781-1452

