

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90093 041 ****70.00

DOCUMENT # N44715

1. Entity Name

NATIONAL COUNCIL OF YOUTH SPORTS, INC.



Principal Place of Business

7185 SE SEAGATE LN
STUART FL 34997
US

Mailing Address

7185 SE SEAGATE LN
STUART FL 34997
US

22004110



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1339470**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALLY CUNNINGHAM
7185 SE SEAGATE LANE
STUART FL 34997

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DT LANDOLT, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	301 GROVE ST, LYNCHBURG PARK	
CITY-ST-ZIP	LYNCHBURG VA 24501	
TITLE NAME	D KEY, ABRAHAM L.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	300 CLARE DR., P.O. BOX 255	
CITY-ST-ZIP	WASHINGTON PA	
TITLE NAME	VD BUTLER, JON	<input type="checkbox"/> Delete
STREET ADDRESS	586 MIDDLETOWN BLVD STE C-100	
CITY-ST-ZIP	LANGHORNE PA	
TITLE NAME	DS HILL, KELLY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1209 W HEALEY STREET	
CITY-ST-ZIP	CHAMPAIGN IL 61821	
TITLE NAME	D MARSHALL, PAM	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 10000 C/O WDW RESORTS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830-1000	
TITLE NAME	P RUTLEDGE, WANDA	<input type="checkbox"/> Delete
STREET ADDRESS	2620 WHITEHORSE HAMILTON SQ RD	
CITY-ST-ZIP	HAMILTON SQUARE NJ 08690	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D CLAY WALKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2031 L STREET, NW	
CITY-ST-ZIP	WASHINGTON, DC 20036	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D ALICIA MCCONNELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ONE OLYMPIC PLAZA - USOC/ADP	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80909	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

Date

772-781-1452

Daytime Phone #

CR2E037 (10/02)