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FILED
Sep 23, 2002 8:00 am
Secretary of State
08-19-2002 90126 015 ****61.25

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

DOCUMENT # N96000000295

1. Entity Name
SAWGRASS YOUTH SPORTS OPTIMIST, INC.

- 42940

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11951 NW 31 STREET Suite, Apt. #, etc.	11951 NW 31 STREET Suite, Apt. #, etc.
City & State: SUNRISE, FLORIDA	City & State: SUNRISE, FLORIDA
Zip: 33323 Country: USA	Zip: 33323 Country: USA

4. FEI Number: 65-0635711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DOUGLAS PRITCHARD

Street Address (P.O. Box Number is Not Acceptable): 11951 NW 31 STREET

City: SUNRISE FL Zip Code: 33323

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: Douglas Pritchard CEO DATE: 9/19/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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	CHAIRMAN DALE PRITCHARD 11951 NW 31 STREET SUNRISE, FLORIDA 33323 D.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SHIRLEY PRITCHARD 11951 NW 31 STREET SUNRISE FL. 33323 D.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRESIDENT DOUGLAS PRITCHARD 11951 NW 31 STREET SUNRISE, FL. 33323 D.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER WILLIAM COYNE 11155 NW 24th ST. CORAL SPRINGS, FL. 33322 T.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dale Pritchard 8/16/02 (954)749-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #