

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000937

1. Entity Name

AMERICAN YOUTH MOTOR SPORTS TEAM, INC.

Principal Place of Business

Mailing Address

1680 NW RIVER TRAIL
STUART FL 34994

1680 NW RIVER TRAIL
STUART FL 34994

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 65-0736879

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

SHERLOCK, VIRGINIA P PA
618 EAST OCEAN BLVD
STUART FL 34995

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

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	<input type="checkbox"/> Delete
NAME	BILANCIO, CARRIE	
STREET ADDRESS	705 TUSCALOOSA	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLINNIN, LAURIE	
STREET ADDRESS	625 ALEMSON LANE NE	
CITY-ST-ZIP	LAWRENCEVILLE GA 30043	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEWITT, FAYE	
STREET ADDRESS	1601 GEORGIA AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	YORK, JOHN	
STREET ADDRESS	4406 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	STILSON, BRET	
STREET ADDRESS	1053 SOUTH WARNER DRIVE	
CITY-ST-ZIP	APACHE JUNCTION AZ 85220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Joseph W. B... President

3-1-2002

7208

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90019 031 ****61.25



DO NOT WRITE IN THIS SPACE