2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 16, 2002 8:00 am Secretary of State DOCUMENT # N9900006031 1. Entity Name _ BRONSON YOUTH-LEAGUE,-INC -04-16-2002 90054 028 ****70.00 Principal Place of Business Mailing Address **BRONSON RECRATION PARK** POST OFFICE BOX 553 ALT C-RD 24 BRONSON FL 32621 **BRONSON FL 32621** Principal Place of Business Address 0.13 OX. onson Kecr tion Apt # etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For SOM Conson 59-3602411 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 621 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent eader Street Address (P.O. Box Number is Not Acceptable) ARTERS, CHRIS 12351 SE 70TH ST **MORRISTON FL 32668** 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. presiden Delete TITLE TITLE Change ☐ Addition sead SEADER, GERRY NAME NAME N. F. 109Th St. STREET ADDRESS STREET ADDRESS 10870 10870 NE 109TH ST CITY-ST-ZIP CITY-ST-ZIP 32618 rcher ARCHER FL 32618 Delete Change TITLE TITLE ☐ Addition ARTERS, CHRIS NAME NAME lare STREET ADDRESS STREET ADDRESS 12351 SE 70TH ST CITY-ST-ZIP CITY-ST-7IP MORRISTON FL 32668 Change TITLE Delete TITLE ☐ Addition NAME SEADER, KATHY NAME Daniels · COUNTY Rd 343 STREET ADDRESS 10870 NE 109TH ST STREET ADDRESS orriston CITY-ST-ZIP CITY-ST-ZIP ARCHER FL 32618 Delete TITLE TITLE Change ☐ Addition BOX, TAMMY NAME NAME STREET ADDRESS 5390 NE 106TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRONSON FL 32261** CONSON ector Delete TITLE Change ☐ Addition NAME GOESS, JAN NAME STREET ADDRESS 5591 NW 103RD TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRONSON FL 32621 Delete TITLE TITLE Change ☐ Addition RUSSELL, DENNIS NAME NAME 109 th STREET ADDRESS 5390 NE 106TH CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRONSON FL 32261 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 AND TY ED SEPTIMED NAME OF SIGNING OFFICER OR DIRECTOR

(9/01)

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