

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

05-29-2002 93649 049 ****61.25

DOCUMENT # 715245

1. Entity Name

MERRITT ISLAND YOUTH FOOTBALL, INC.

Principal Place of Business

**119 A. MUSTANG WAY
MERRITT ISLAND FL 32953**

Mailing Address

**PO BOX 540384
MERRITT ISLAND FL 32953
US**

41901

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

23-7085688

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

**HINDS, RHONDA
300 MAGNOLIA AVE
STE A
MERRITT ISLAND FL 32952**

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 NAME STREET ADDRESS CITY-ST-ZIP	SD VEDDER, CINDY 805 E CRISAFUCCI ROAD MERRITT ISLAND FL 32953	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. BALL, KENNY 4030 CITRUS BLVD COCOA FL 32922	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRICE, JOE 2701 TAYLOR CREEK ROAD CHRISTMAS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHERTY, DENNIS 2370 PALM LAKE DRIVE MERRITT ISLAND FL 32952	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HINDS, RHONDA 1835 N BANANA RIVER DR MERRITT ISLAND FL 32952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Rhonda Hinds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)