

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724277

1. Entity Name

FLORIDA YOUTH BASKETBALL, INC

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90255 003 \*\*\*\*61.25

Principal Place of Business 1000 CITY CENTER CIRCLE RECREATION DEPT PORT ORANGE FL 32119 US	Mailing Address 1000 CITY CENTER CIRCLE RECREATION DEPT PORT ORANGE FL 32119-4144 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>23-7242596</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**WALKER, GLEN**  
**5806 NOB HILL BLVD**  
**PORT ORANGE FL 32127**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, WALTER	
STREET ADDRESS	108 E ORANGE AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEMMO, JOSEPH	
STREET ADDRESS	1320 5 ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSBORNE, RONALD	
STREET ADDRESS	171 NORTH LAKE AVENUE	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, ANTHONY	
STREET ADDRESS	649 W LIVINGSTON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OUSLEY, PETE	
STREET ADDRESS	210 CYPRESS GARDENS BLVD.N	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALKER, GLEN	
STREET ADDRESS	5806 NOB HILL BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Callihan	
STREET ADDRESS	PO Box 1507	
CITY-ST-ZIP	Haines City, FL 33845	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Tregarden	
STREET ADDRESS	1320 5th Street	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhondy Weston	
STREET ADDRESS	649 W. Livingston St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: GLEN WALKER DATE: 4/12/00 DAYTIME PHONE #: 904 756 5391

CR2E037 (9/99)