

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724277

1. Entity Name

FLORIDA YOUTH BASKETBALL, INC

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90104 013 ****61.25

Principal Place of Business

Mailing Address

1000 CITY CENTER CIRCLE
RECREATION DEPT
PORT ORANGE FL 32119
US

1000 CITY CENTER CIRCLE
RECREATION DEPT
PORT ORANGE FL 32119
US

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

23-7242596

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

SHEFFIELD, HENRICA
1047 TOMPKINS DRIVE
PORT ORANGE FL 32129

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
ST
SHEFFIELD, HENRICA
STREET ADDRESS
1047 TOMPKINS DRIVE
CITY-ST-ZIP
PORT ORANGE FL 32129 ☐ Delete

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

TITLE
NAME
D
TEGARDEN, SUE
STREET ADDRESS
1320 5 ST N
CITY-ST-ZIP
ST PETERSBURG FL ☐ Delete

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

TITLE
NAME
D
OSBORNE, RONALD
STREET ADDRESS
171 NORTH LAKE AVENUE
CITY-ST-ZIP
PAHOKEE FL ☐ Delete

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

TITLE
NAME
D
WESTON, RHONDY
STREET ADDRESS
649 W LIVINGSTON ST
CITY-ST-ZIP
ORLANDO FL ☐ Delete

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

TITLE
NAME
VP
OUSLEY, PETE
STREET ADDRESS
210 CYPRESS GARDENS BLVD.N
CITY-ST-ZIP
WINTER HAVEN FL ☐ Delete

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

TITLE
NAME
P
SMITH, BILL
STREET ADDRESS
5941 HICKORY CREEK DRIVE
CITY-ST-ZIP
ORLANDO FL 32818 ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E037 (9/01)