

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90443 049 \*\*\*\*61.25

**DOCUMENT # 725685**

1. Entity Name

**SEMINOLE YOUTH ATHLETIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

113TH STREET  
 POST OFFICE BOX 3314  
 SEMINOLE FL 34642

113TH STREET  
 POST OFFICE BOX 3314  
 SEMINOLE FL 33775-3314

2. Principal Place of Business

12100 90th Ave. N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Seminole FL

City & State

4. FEI Number

59-1462643

Applied For

Not Applicable

Zip

33772

Country

USA

Zip

Country

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

KEMPT, STEPHEN  
 7589 132ND N.  
 SEMINOLE FL 34642

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  Delete  
 NAME PD  
 STREET ADDRESS KEMP, STEPHEN  
 CITY-ST-ZIP 7598 132ND STREET N.  
 SEMINOLE FL

TITLE  Change  Addition  
 NAME PD  
 STREET ADDRESS Diem, Bob  
 CITY-ST-ZIP 9670 118th LN  
 Seminole FL 33772

TITLE  Delete  
 NAME T  
 STREET ADDRESS POYNTER, BONNIE J  
 CITY-ST-ZIP 14466 MOORING DR  
 SEMINOLE FL

TITLE  Change  Addition  
 NAME T  
 STREET ADDRESS Foco Gail C.  
 CITY-ST-ZIP 14433 90th Ave. N.  
 Seminole FL 33776

TITLE  Delete  
 NAME VPD  
 STREET ADDRESS CHAPPLE, JOHN  
 CITY-ST-ZIP 11301 BELLA LOMA DR  
 SEMINOLE FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Gail C. Foco, Treasurer 4/21/00 727-455-6582

Date

Daytime Phone #

CR2E037 (9/99)