

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

001559

DOCUMENT # 734486

1. Entity Name

GLADES COUNTY YOUTH ATHELETIC ASSOCIATION, INC.



Principal Place of Business

**P.O. BOX 134
MOORE HAVEN FL 33471
US**

Mailing Address

**P.O. BOX 134
MOORE HAVEN FL 33471
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 **59-2821895**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**THOMAS, CHAD
1100 FOX LANE
MOORE HAVEN FL 33471**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **THOMAS, CHAD**
STREET ADDRESS **1100 FOX LANE**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **VPD** ☐ Delete
NAME **EIGNER, JAKE**
STREET ADDRESS **1100 FOX LANE**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **SD** ☒ Delete
NAME **THOMAS, RHONDA**
STREET ADDRESS **1100 FOX LANE**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **T** ☒ Delete
NAME **SIMMONS, KAREN**
STREET ADDRESS **1100 FOX LANE**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **Shelly Ridgill**
STREET ADDRESS **1100 Fox Lane**
CITY-ST-ZIP **Moore Haven FL 33471**

TITLE **T** ☐ Change ☒ Addition
NAME **Jerri Lynn Schlueter**
STREET ADDRESS **1100 Fox Lane**
CITY-ST-ZIP **Moore Haven FL 33471**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAD Thomas

8-27-03

863-227-3180

Date Daytime Phone #

CP2E037 (4/03)