

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 736563**

1. Entity Name

DEERFIELD PACKER-RATTLER YOUTH LEAGUE FOOTBALL T**FILED****Mar 08, 2000 8:00 am**
Secretary of State

03-08-2000 90029 032 ****61.25

Principal Place of Business

**180 SW 5TH COURT
DEERFIELD FL 33441**

Mailing Address

**180 SW 5TH COURT
DEERFIELD FL 33441-4621**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

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****ADAMS, BERNARD
180 SW FIFTH COURT
DEERFIELD BCH. FL 33441**

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 **PD** ☐ Delete
NAME **ADAMS, BERNARD**
STREET ADDRESS **180 SW 5TH COURT**
CITY-ST-ZIP **DEERFIELD FL 33441**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **SCOTT, NOVEL**
STREET ADDRESS **661 N.E. 44TH STREET**
CITY-ST-ZIP **POMPANO BCH FL 33064**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **PHILPART, FLORA**
STREET ADDRESS **523 NW 3 AVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **FULMORE, JANICE**
STREET ADDRESS **448 N.W. 2ND WAY**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

Flora Philpart - Treasurer 2-22-2000 954-481-5777

CR2E037 (9/99)