

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745268

1. Entity Name

WINTER HAVEN YOUTH BASKETBALL, INC.

FILED  
Jan 16, 2002 8:00 am  
Secretary of State

01-16-2002 90023 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

504 AVENUE "K" NE  
WINTER HAVEN FL 33881

P OBOX 750  
WINTER HAVEN FL 33882  
US

000012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
628 Ave O SW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Winter Haven FL

City & State

4. FEI Number

59-1949557

Applied For

Not Applicable

Zip  
33880

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

BROWN, TED  
441 LAKE LUK CIRCLE SE  
WINTER HAVEN FL 33884

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  
STREET ADDRESS  
CITY-ST-ZIP  
D  
OUSLEY, PETER K.  
229 SHORE DR., SE  
WINTER HAVEN FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
OUSLEY, EILEEN S.  
229 SHORE DR., SE  
WINTER HAVEN FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BROWN, TED  
504 AVE. "K" NE  
WINTER HAVEN FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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TITLE  
NAME  
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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:

Eileen S. Ousley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/02 863 324-71873

Date

Daytime Phone #

CR2E037 (9/01)