

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763657

1. Entity Name

NORTH PALM BEACH YOUTH ATHLETIC ASSOCIATION, INC

Principal Place of Business

Mailing Address

PO BOX 14682
NORTH PALM BEACH FL 33408

PO BOX 14682
NORTH PALM BEACH FL 33408-0682

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

59-2220973

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

SMYTH, PAUL CPA
712 US HWY 1
STE 210
NORTH PALM BEACH FL 33408

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 JOHNSON, MICHAEL
STREET ADDRESS 960 LAUREL RD.
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE PD ☒ Change ☐ Addition
NAME EISSEY, MARK
STREET ADDRESS 725 LAGOON DR
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE VPD ☒ Delete
NAME EISSEY, MARK
STREET ADDRESS 725 LAGOON DR.
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE VPB ☒ Change ☒ Addition
NAME BELL, ROBERT
STREET ADDRESS 101 DORY RD. S. N. PALM BEACH, FL 33408

TITLE TD ☐ Delete
NAME MIDDLETON, LISA
STREET ADDRESS 155 EBBTIDE DR.
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE SD ☒ Delete
NAME MIDDLETON, ELWYN
STREET ADDRESS 155 EBBTIDE DR.
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE SD (Figueroa) ☒ Change ☒ Addition
NAME FIGUEROA, MITCHELL B.
STREET ADDRESS 729 HUCKLEBERRY LANE N.P.B. FL
CITY-ST-ZIP 33408

TITLE SMYTH PAUL ☐ Delete
NAME
STREET ADDRESS 712 US HWY 1 - STE 210
CITY-ST-ZIP No Palm Beach, FL 33408

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Safety officer

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

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90010 010 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)