

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

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



DO NOT WRITE IN THIS SPACE

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	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL	
STREET ADDRESS	960 LAUREL RD.	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	EISSEY, MARK	
STREET ADDRESS	725 LAGOON DR.	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MIDDLETON, LISA	
STREET ADDRESS	155 EBBTIDE DR.	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MIDDLETON, ELWYN	
STREET ADDRESS	155 EBBTIDE DR.	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME	SMYTH, PAUL	
STREET ADDRESS	712 US HWY 1 - STE 210	
CITY-ST-ZIP	No Palm Beach, FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISSEY, MARK	
STREET ADDRESS	725 LAGOON DR	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	VPB	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, ROBERT	
STREET ADDRESS	101 DORY RD. S.W. PALM BEACH, FL 33408	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD (Figueroa)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIGUEROA, MITCHELL B.	
STREET ADDRESS	729 HUCKLEBERRY LANE N.P.B. FL 33408	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	Safety officer	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(1), 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:

Yusef M. Al-Mudallal, Treasurer

1/18/00 561-842-2239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)