

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90002 001 \*\*\*\*61.25

**DOCUMENT # 763894**

1. Entity Name

**WILLISTON YOUTH ATHLETIC ASSOCIATION, INC.**

*f*

Principal Place of Business

U.S. HWY. 41 S  
WILLISTON FL

Mailing Address

P.O. BOX 505  
WILLISTON FL 32696

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2237876**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FUGATE, NORM D ATT  
 444 NW MAIN STREET  
 SUITE ONE  
 WILLISTON FL 32696**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
 After September 13, 2000 min. will be \$236.25**

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

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TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, MARIE</b>	NAME	
STREET ADDRESS	<b>131 S. MAIN STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKS, ERIK</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 610</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, WAYNE</b>	NAME	<i>S/D Laura Hayes</i>
STREET ADDRESS	<b>307 N.E. 10TH PLACE</b>	STREET ADDRESS	<i>P.O. Box 505</i>
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	CITY-ST-ZIP	<i>Williston, FL 32696</i>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIS, DENISE</b>	NAME	<i>Dennis Doherty</i>
STREET ADDRESS	<b>P.O. BOX 575 N/A</b>	STREET ADDRESS	<i>19097 NE. 30 Lane</i>
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	CITY-ST-ZIP	<i>Williston, FL 32696</i>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUGATE, LINDA</b>	NAME	<i>P/D Fugate, Linda</i>
STREET ADDRESS	<b>15491 N.E. 30TH ST.</b>	STREET ADDRESS	<i>15491 NE. 30th Street</i>
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	CITY-ST-ZIP	<i>Williston, FL 32696</i>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEGALL, DARLENE</b>	NAME	<i>D Carl Erickson</i>
STREET ADDRESS	<b>18950 S.E. 2ND ST</b>	STREET ADDRESS	<i>6850 SE. 143 Street</i>
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	CITY-ST-ZIP	<i>Morrison, FL 32668</i>

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]*  
**SIGNATURE REQUIRED**

**08/31/00**

**528-0780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)