

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90008 036 ****61.25

DOCUMENT # 763894

1. Entity Name

WILLISTON YOUTH ATHLETIC ASSOCIATION, INC.

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

Zip

Country

Zip

Country

4. FEI Number **59-2237876**

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

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

Name

Fugate Norm D ATT

Street Address (P.O. Box Number Not Acceptable)

110 NE 13th Street

City

Williston

FL

Zip Code

32696

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
After September 12, 2001, 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

TITLE **P** ☒ Delete
 NAME **WELLS, MARIE**
 STREET ADDRESS **131 S. MAIN STREET**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **VP** ☒ Delete
 NAME **BROOKS, ERIK**
 STREET ADDRESS **P.O. BOX 610**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **D** ☒ Delete
 NAME **WILLIAMS, WAYNE**
 STREET ADDRESS **307 N.E. 10TH PLACE**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **D** ☒ Delete
 NAME **WILLIS, DENISE**
 STREET ADDRESS **P.O. BOX 575 N/A**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **D** ☐ Delete
 NAME **FUGATE, LINDA**
 STREET ADDRESS **15491 N.E. 30TH ST.**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **D** ☒ Delete
 NAME **STEGALL, DARLENE**
 STREET ADDRESS **18950 S.E. 2ND ST**
 CITY-ST-ZIP **WILLISTON FL 32696**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
 NAME **LINDA Fugate**
 STREET ADDRESS **15491 N.E. 30TH ST**
 CITY-ST-ZIP **Williston FL 32696**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Dennis Doherty**
 STREET ADDRESS **CPO Box 452 19097 NE 30th Lane**
 CITY-ST-ZIP **Williston FL 32696**

TITLE **D** ☒ Change ☐ Addition
 NAME **LISA Renolds**
 STREET ADDRESS **351 SE 143 CT**
 CITY-ST-ZIP **Williston FL 32696**

TITLE **J** ☒ Change ☐ Addition
 NAME **Jeff Fugate**
 STREET ADDRESS **3850 NE 160TH AVE**
 CITY-ST-ZIP **Williston FL 32696**

TITLE **D** ☒ Change ☐ Addition
 NAME **Charles Hilton**
 STREET ADDRESS **7651 NE 176 AVE**
 CITY-ST-ZIP **Williston FL 32696**

TITLE **D** ☒ Change ☐ Addition
 NAME **DANNY MOORE**
 STREET ADDRESS **21458 NE 65 ST**
 CITY-ST-ZIP **Williston FL 32696**

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 Required Fugate** **7/22/01** **3525286816**

CF2E037 (5/01)