

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90074 044 \*\*\*\*61.25

DOCUMENT # 763894

1. Entity Name

WILLISTON YOUTH ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

U.S. HWY. 41 S  
WILLISTON FL

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  
110 NE 5TH STREET  
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

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	P	<input type="checkbox"/> Delete
NAME	FUGATE, LINDA	
STREET ADDRESS	15491 NE 30TH STREET	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOHERTY, DENNIS	
STREET ADDRESS	P.O. BOX 45, 19097 NE 30TH LANE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENOLDS, LISA	
STREET ADDRESS	351 SE 143RD COURT	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	T	<input type="checkbox"/> Delete
NAME	FUGATE, JEFF	
STREET ADDRESS	3850 NE 160TH AVENUE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILTON, CHARLES	
STREET ADDRESS	7651 NE 176TH AVENUE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, DANNY	
STREET ADDRESS	21456 NE 65TH STREET	
CITY-ST-ZIP	WILLISTON FL 32696	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fugate, Jeff	
STREET ADDRESS	3850 ne 160th Ave.	
CITY-ST-ZIP	Williston, FL 32696	
TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hilton, Charles	
STREET ADDRESS	7651 ne 176th Ave.	
CITY-ST-ZIP	Williston, FL 32696	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renolds, Lisa	
STREET ADDRESS	351 se 143rd Ct.	
CITY-ST-ZIP	Williston FL 32696	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore, Danny	
STREET ADDRESS	21450 ne 65th ST.	
CITY-ST-ZIP	Williston, FL 32696	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Poupard, Mark	
STREET ADDRESS	5030 ne 155th Ave	
CITY-ST-ZIP	Williston, FL 32696	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bowers, Rob & Audrey	
STREET ADDRESS	12320 se 76th Lane	
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:

*Danny Moore* **RECORDED** *Danny Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

Date

352-529-9142

Daytime Phone #

CR2E037 (9/01)