

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90175 017 ****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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **POUPARD, MARK**
STREET ADDRESS **5030 NE 155TH AVE**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **P** ☒ Change ☐ Addition
NAME **PAUL E. Wilson LTD**
STREET ADDRESS **18262 NE 40th ST**
CITY-ST-ZIP **Williston FL 32696**

TITLE **D** ☐ Delete
NAME **BOWERS, ROB & AUDREY**
STREET ADDRESS **12320 SE 76TH LANE**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **VP** ☐ Change ☐ Addition
NAME **Stephanie L. Rich**
STREET ADDRESS **610 NW 9th Ct.**
CITY-ST-ZIP **Williston, FL 32696**

TITLE **T** ☐ Delete
NAME **RENOLDS, LISA**
STREET ADDRESS **351 SE 143RD COURT**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **T** ☒ Change ☐ Addition
NAME **Barbara Mills**
STREET ADDRESS **2870 NE 167th Ave**
CITY-ST-ZIP **Williston FL 32696**

TITLE **P** ☐ Delete
NAME **FUGATE, JEFF**
STREET ADDRESS **3850 NE 160TH AVENUE**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **S** ☒ Change ☐ Addition
NAME **Ginger Alvarez**
STREET ADDRESS **1991 SE 3rd St**
CITY-ST-ZIP **Williston, FL 32696**

TITLE **VP** ☐ Delete
NAME **HILTON, CHARLES**
STREET ADDRESS **7651 NE 176TH AVENUE**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **D** ☐ Change ☐ Addition
NAME **Henry L. Moore, III**
STREET ADDRESS **6391 NE 185th Terrace**
CITY-ST-ZIP **Williston, FL 32696**

TITLE **S** ☐ Delete
NAME **MOORE, DANNY**
STREET ADDRESS **21450 NE 65TH ST**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **D** ☒ Change ☐ Addition
NAME **Tommy Provau**
STREET ADDRESS **Rt 2 Box 1283**
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 information.

SIGNATURE:

SIGNATURE REQUIRED

7/28/03 (352) 528-5422

CR2E037 (4/03)