

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

FILED
May 23, 2003 8:00 am
Secretary of State

04-10-2003 90072 034 ****70.00

DOCUMENT # 767209 1. Entity Name DOVER COWBOYS YOUTH ACTIVITIES, INC.					
Principal Place of Business S. GALLAGHER ROAD DOVER FL 33527		Mailing Address P.O. BOX 733 DOVER FL 33527			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2388052	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAUN, JAMES R 1301 SYDNEY DOVER RD. DOVER FL 33527				7. Name and Address of New Registered Agent Name Sheri De Maria Street Address (P.O. Box Number is Not Acceptable) 204 Gay Rd. City Seffner, FL 33584	
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 <u><i>Sheri De Maria</i></u> DATE <u>4/3/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW! FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUN, JAMES R 1301 SYDNEY DOVER RD. DOVER FL 33527	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Jennie Greene 1321 Dab Road Seffner, FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHARP, BOB 131 NEW LEGACY DR. SEFFNER FL 33584	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Mickey West 4811 Wagon Ave Seffner, FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEMARIA, SHERI 204 GAY ROAD SEFFNER FL 33584	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Lisa Lambert 904 Helena Dr. Brandon, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sheri De Maria 204 Gay Road Seffner, FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Sheri De Maria</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/4/03</u> Daytime Phone #		

33043344

☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

Attachment

55043344
#767209

April 14, 2003

DOVER COWBOYS YOUTH ACTIVITIES, INC.
P.O. BOX 733
DOVER, FL 33527

Subject: **DOVER COWBOYS YOUTH ACTIVITIES, INC.**

Reference Number: 767209

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report has not been filed, and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/tb

ANNUAL REPORTS SECTION

I am returning your copy of
our report with the necessary
corrections. Thank you,
Sheri DeNance

Division of Corporations - P.O. BOX 1500 - Tallahassee, Florida 32302