

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000032

1. Entity Name

CLEWISTON YOUTH BASEBALL, INC.

Principal Place of Business

108 MYRTLE LN.  
CLEWISTON FL 33440

Mailing Address

P.O. BOX 1211  
CLEWISTON FL 33440

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

52-1234541

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

BARNES, CINDY  
335 W. ARCADE AVE.  
CLEWISTON FL 33440

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	D	<input checked="" type="checkbox"/> Delete
NAME	BARRAZA, CHRIS	
STREET ADDRESS	645 CONCORIDA AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEHEAD, SASSY	
STREET ADDRESS	108 MYRTLE LANE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IREY, MIKE	
STREET ADDRESS	607 RIDGEVIEW CIR.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, CINDY	
STREET ADDRESS	335 W. ARCADE AVE.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOBBY MITCHELL	
STREET ADDRESS	409 WEST ARCADE AVE	
CITY-ST-ZIP	CLEWISTON, FLORIDA 33440	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH BARNES	
STREET ADDRESS	335 WEST ARCADE AVE	
CITY-ST-ZIP	CLEWISTON, FLORIDA 33440	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sassy Whitehead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/02

Daytime Phone #

809B-3136

FILED  
Jan 27, 2002 8:00 am  
Secretary of State

01-27-2002 90033 029 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)