

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003493

1. Entity Name

YOUTH SPORTS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90104 042 ****70.00

Principal Place of Business

418 E VIRGINIA ST
TALLAHASSEE FL 32301

Mailing Address

418 E VIRGINIA ST
TALLAHASSEE FL 32301

2. Principal Place of Business

3259 SKYVIEW DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3259 SKYVIEW DRIVE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

4. FEI Number

59-3648430

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDRADES, RAFAEL
3259 SKYVIEW DR
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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)

4/30/01
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

TITLE PD
NAME ANDRADES, RAFAEL
STREET ADDRESS 3259 SKYVIEW DR
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE VD
NAME DARBY, MUHASSAN
STREET ADDRESS 1052 LONGSTREET DR
CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Delete

TITLE TD
NAME ANDRADES, VICTOR M
STREET ADDRESS 118 SIDONIA #2
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE SD
NAME ANDRADES, AUNDREA
STREET ADDRESS 3259 SKYVIEW DR
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE LAMAR TURNER, JR. (VD)
NAME
STREET ADDRESS 2916 NEPAL DRIVE
CITY-ST-ZIP Tallahassee, FL. 32303 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

NOTICE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-228-3300

Daytime Phone #

CR2E037 (10/00)