

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

FILED
Jul 16, 2002 8:00 am
Secretary of State

06-05-2002 90415 046 ****61.25

DOCUMENT # *ND00000006812*

1. Entity Name

Dundee Mustangs Youth Athletic League, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

404 Eighth St. S.

Suite, Apt. #, etc.

3. Mailing Address

404 Eighth St. S.

Suite, Apt. #, etc.

City & State

Dundee, FL

City & State

Dundee, FL

4. FEI Number

59-3681101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

M. Chris Beasley

Street Address (P.O. Box Number is Not Acceptable)

404 Eighth St. S.

City

Dundee

FL

Zip Code

33838

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

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 *D*
NAME *Beasley, Teresa*
STREET ADDRESS *404 Eighth St. S.*
CITY-ST-ZIP *Dundee, FL 33838*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D*
NAME *VP*
STREET ADDRESS *Rodgers, Ruben*
CITY-ST-ZIP *505 8th St. S.*
Dundee, FL 33838

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D*
NAME *Secretary/Treasurer*
STREET ADDRESS *Beasley, M. Chris*
CITY-ST-ZIP *404 Eighth St. S.*
Dundee, FL 33838

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Chris Beasley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2002 *863/439-3811*
Date Daytime Phone #

CR2E037B (12/01)

Attachment

6/5/2002-90415-046-\$61.25-\$61.25

6/5

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006812

1. Entity Name

DUNDEE MUSTANGS YOUTH ATHLETIC LEAGUE, INC.

Principal Place of Business

404 EIGHTH STREET SOUTH
DUNDEE FL 33838

Mailing Address

404 EIGHTH STREET SOUTH
DUNDEE FL 33838

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3681101

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

M. CHRIS BEASLEY
404 EIGHTH STREET SOUTH
DUNDEE FL 33838

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 renewing)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
DP BEASLEY, TERESA 404 EIGHTH STREET SOUTH DUNDEE FL 33838	<input type="checkbox"/> Delete	VP RUBEN RODGERS 505 South 8th St. DUNDEE, FL 33838	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TVI MAY, LORI 2450 HWY 92 W APT. 2 WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete	SECRETARY M. CHRIS BEASLEY 404 EIGHTH ST. S. DUNDEE, FL 33838	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TS BEASLEY, M CHRIS 404 EIGHTH STREET SOUTH DUNDEE FL 33838	<input type="checkbox"/> Delete	TREASURER LORRAINE HANDLEY 238 N. LAKE PATRICK RD. Gibson Park, FL 33827	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TREASURER LORRAINE HANDLEY 238 N. LAKE PATRICK RD. Gibson Park, FL 33827	<input checked="" type="checkbox"/> Delete	TREASURER M. CHRIS BEASLEY 404 EIGHTH ST. S. DUNDEE, FL 33838	<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
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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)

Attachment

38747

11000008681

DUNDEE MUSTANGS YOUTH ATHLETIC LEAGUE, INC
404 EIGHTH ST S
DUNDEE, FL 33838

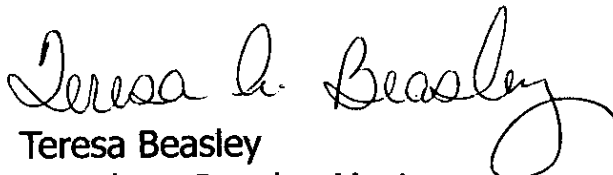
July 11, 2002

This letter is to inform you of the reason for the enclosures. I am sending back the previous forms with a new form to ensure that everything is in order.

Our \$61.25 fee has been paid and cashed already. We have had a problem with the old paperwork, therefore I have printed and filled out new paperwork with all of the appropriate signatures.

Thank you for your patience.

Sincerely,


Teresa Beasley
President, Dundee Mustangs

enclosures (3)

ENCLOSURE

THANK YOU FOR YOUR PATIENCE