

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008126

FILED  
May 11, 2003  
Secretary of State

**Entity Name:** COUNTY YOUTH ATHLETIC LEAGUE, INC.

**Current Principal Place of Business:**

4963 SOUTHWEST 4TH STREET  
MARGATE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

4963 SW 4TH STREET  
MARGATE, FL 33068

**New Mailing Address:**

**FEI Number:** 65-1061237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRAUSCHT, LORIE A  
4963 SW 4TH STREET  
MARGATE, FL 33068 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: TRAUSCHT, SCOTT J  
Address: 4963 SOUTHWEST 4TH STREET  
City-St-Zip: MARGATE, FL 33068

Title: SD ( ) Delete  
Name: TRAUSCHT, LORIE A  
Address: 4963 SOUTHWEST 4TH STREET  
City-St-Zip: MARGATE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT J TRAUSCHT

P

05/11/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date