

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90095 004 ****70.00

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1. Entity Name

UNITED YOUTH FOOTBALL AND CHEERLEADERS
LEAGUE, INC.



Principal Place of Business

370 NE 59 CT
FT LAUDERDALE FL 33334

Mailing Address

1251 S FEDERAL HWY
UNIT 105
BOCA RATON FL 33432

50050047

2. Principal Place of Business

1801 N.E. 6th St.

Suite, Apt. #, etc.

3. Mailing Address

1801 N.E. 6th St.

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Pompano Bch. FLA.

Zip
33060

Country

City & State

Pompano Bch. FLA.

Zip
33060

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LLERAS, JOE
370 NE 59 CT
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name Michael Gillis

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

1801 N.E. 6th St.

City Pompano Bch.

FL

Zip Code
33060

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

Michael Gillis

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME LLERAS, JOE
STREET ADDRESS 370 NE 59 CT
CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE D ☐ Delete
NAME GILLIS, MICHAEL
STREET ADDRESS 270 NW 15TH PLACE
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☒ Delete
NAME HALLORAN, SUZAN
STREET ADDRESS 1251 S FEDERAL
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ Delete
NAME SCHNEIDER, DIANNE
STREET ADDRESS 2616 NE 15TERR
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE CD ☐ Delete
NAME GASBERIC, DEBBIE
STREET ADDRESS 4891 NE 2ND AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☐ Addition
NAME Michael Gillis
STREET ADDRESS 1801 N.E. 6th St.
CITY-ST-ZIP Pompano Bch. FLA. 33060

TITLE D ☐ Change ☒ Addition
NAME CARTER, CHRIS
STREET ADDRESS 3200 CORAL SPRINGS DRIVE
CITY-ST-ZIP CORAL SPRINGS, FLA. 33065

TITLE D ☐ Change ☒ Addition
NAME Marshall, Gerrie
STREET ADDRESS 2910 N.E. 8 Ave.
CITY-ST-ZIP Pompano Bch. FLA. 33064

TITLE P ☐ Change ☐ Addition
NAME Schneider, Dianne
STREET ADDRESS 2616 N.E. 1st Terr
CITY-ST-ZIP Pompano Bch FLA 33064

TITLE CD ☐ Change ☐ Addition
NAME GASBERIC, Debbie
STREET ADDRESS 4891 NE 2nd Ave
CITY-ST-ZIP Ft. Lauderdale, FL. 33334

TITLE ☐ Change ☐ 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:

Michael Gillis Michael Gillis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-05 (754)235-3541

Date

Daytime Phone #