

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90043 034 ****70.00

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1. Entity Name

**UNITED YOUTH FOOTBALL AND CHEERLEADERS LEAGUE, I
NC.**



Principal Place of Business

**370 NE 59 CT
FT LAUDERDALE FL 33334**

Mailing Address

**370 NE 59 CT
FT LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address *40 Halloran*

1251 S. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Unit 105
Boca Raton Fla*

Zip

Country

Zip

Country

33432 Palm Beach

4. FEI Number **NOT APPLICABLE**

☒ 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

**LLERAS, JOE
370 NE 59 CT
FT LAUDERDALE FL 33334**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE *Joe Lleras*
Suzan Halloran

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLERAS, JOE 370 NE 59 CT FT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRIVJNIK, STEVE 370 NE 59 CT FT LAUDERDALE FL 33334	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALLORAN, SUZAN 370 NE 59 CT FT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LISANTI, ELIZABETH 370 NE 59 CT FT LAUDERDALE FL 33334	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GASBERIC, DEBBIE 370 NE 59 CT FT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
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
<i>← same</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<i>Michael Gillis - Director</i> <i>270 N.W. 15th Place</i> <i>Pompano Beach, Fl. 33060</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Suzan Halloran - Director</i> <i>1251 S. Federal Hwy</i> <i>Boca Raton, Fl. 33432</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Dianne Schneider</i> <i>2616 N.E. 15 Ter. Director</i> <i>Pompano Beach, Fl. 33064</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Debbie Gasperic</i> <i>4891 N.E. 2nd Ave</i> <i>Ft. Lauderdale Fl. 33334</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Suzan Halloran* (Director) 4/7/03 (561) 750-3025

CR2E037 (10/02)