

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000947

1. Entity Name

HILLARD YOUTH ATHLETIC ASSOCIATION INC.

Principal Place of Business

Mailing Address

STIEN THOMPkins COMPLEX  
PO BOX 1072  
HILLIARD FL 32046

STIEN THOMPkins COMPLEX  
PO BOX 1072  
HILLIARD FL 32046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3683213

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

BRYANT, JESSICA  
RT. 5 BOX 9855  
HILLIARD FL 32046

Jessica Bryant  
Street Address (P.O. Box Number is Not Acceptable)  
39763 POOLE Rd

City

Hilliard

FL

Zip Code

32046

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

Jessica A. Bryant

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstalling)

1/10/02

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	P	<input type="checkbox"/> Delete
NAME	BRYANT, JESSICA	
STREET ADDRESS	PO BOX 546	D
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, LATASHIA	
STREET ADDRESS	RT. 5 BOX 9864	D
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEBB, TAWANA	
STREET ADDRESS	PO BOX 1577	D
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jessica A. Bryant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 6904/845-1317

Date

Daytime Phone #

1/

FILED  
Mar 12, 2002 8:00 am  
Secretary of State

01-17-2002 90066 017 \*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)