

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90156 024 ****61.25

DOCUMENT # NO1000004339

1. Entity Name

INDIANTOWN YOUTH FOOTBALL LEAGUE, INC.

Principal Place of Business

Mailing Address

P. O. BOX 793
 INDIANTOWN FL 34956

P. O. BOX 793
 INDIANTOWN FL 34956

32221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34956 USA

4. FEI Number

65-1118171

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

GUERRERO, ARMANDO
3305 SW DEER RUN AVE.
INDIANTOWN FL 34956

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.

SIGNATURE

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GUERRERO, ARMANDO	
STREET ADDRESS	P. O. BOX 793	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUERRERO, ROBERT (T)	
STREET ADDRESS	P. O. BOX 54	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUTIERREZ, SANDRA (T)	
STREET ADDRESS	P. O. BOX 1202	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUANE, CHRISTIE (T)	
STREET ADDRESS	10811 SW ALLAPATTAH RD.	
CITY-ST-ZIP	INDIANTOWN FL 34956	
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"/> Change <input type="checkbox"/> Addition
NAME	3305 Deer Run Avenue	
STREET ADDRESS	Indian town FL 34956	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15186 Tiger tail Ct	
STREET ADDRESS	Indian town FL 34956	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14553 SW Little Indian Ave	
STREET ADDRESS	Indian town FL 34956	
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		
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02 561-597-2247
 Date Daytime Phone #

CR2E037 (9/01)