

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90124 018 ****61.25

DOCUMENT # N01000005217

1. Entity Name

CHARGER YOUTH FOOTBALL LEAGUE OF LAKE LAND, INC.



Principal Place of Business

**777 CARPENTER'S WAY
LAKE LAND FL 33809**

Mailing Address

**777 CARPENTER'S WAY
LAKE LAND FL 33809**

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 **59-3739573**

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

**GILLMAN, GREG
777 CARPENTER'S WAY
LAKE LAND FL 33809**

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

[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
After September 10, 2003, min will be \$236.25**

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 **PCD** ☐ Delete
NAME **SIMMONS, SHANE A**
STREET ADDRESS **3941 DERBY DR.**
CITY-ST-ZIP **LAKE LAND FL**

TITLE **PCD** ☒ Change ☐ Addition
NAME **SHANE SIMMONS**
STREET ADDRESS **3941 DERBY DRIVE**
CITY-ST-ZIP **LAKE LAND FL 33809**

TITLE **STD** ☐ Delete
NAME **GALLMAN, GREGORY L**
STREET ADDRESS **1558 SIR HENRY'S TRAIL**
CITY-ST-ZIP **LAKE LAND FL 33809**

TITLE **STD** ☒ Change ☐ Addition
NAME **GILLMAN, GREGORY L.**
STREET ADDRESS **1558 SIR HENRY'S TRAIL**
CITY-ST-ZIP **LAKE LAND FL 33809**

TITLE **D** ☐ Delete
NAME **DUMENO, JACK**
STREET ADDRESS **4452 ROUNDUP DR.**
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **D** ☒ Change ☐ Addition
NAME **DUMOND, JACK**
STREET ADDRESS **4452 ROUNDUP DRIVE**
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/03

863-859-1477

CR2E037 (4/03)