

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

FILED
Jul 09, 2003 8:00 am
Secretary of State

06-19-2003 90046 028 ****61.25

DOCUMENT # N02000004833



1. Entity Name

CLERMONT YOUTH FOOTBALL & CHEERLEADING CORPORATION

Principal Place of Business

P.O. BOX 120274
CLERMONT FL 34712

Mailing Address

P.O. BOX 120274
CLERMONT FL 34712

55050664

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

59-3605645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARGANO, DEBRA
1650 DREW AVE.
CLERMONT FL 34711

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 **DEBBIE GARGANO**

Debra Gargano

6/16/03

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

(NOTE: Registered Agent signature required upon 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

TITLE **PD** ☐ Delete
NAME **GARGANO, NINO**
STREET ADDRESS **1850 DREW AVE.**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VD** ☐ Delete
NAME **BOND, MICHAEL**
STREET ADDRESS **835 MARQUEE DR.**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **TD** ☒ Delete
NAME **HOLDER, ASHLY**
STREET ADDRESS **12628 LAKE RIDGE CIRCLE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **SD** ☐ Delete
NAME **WIEBE, TANYA**
STREET ADDRESS **14923 HWY 561A**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☒ Delete
NAME **HOLDER, DAVE**
STREET ADDRESS **12628 LAKE RIDGE CIRCLE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☐ Delete
NAME **GARGANO, DEBBIE**
STREET ADDRESS **1650 DREW AVE.**
CITY-ST-ZIP **CLERMONT FL 34711**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **TO (TREASURER)** ☒ Change ☐ Addition
NAME **WIEBE - TANYA**
STREET ADDRESS **14923 HWY 561A**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **SD** ☐ Change ☒ Addition
NAME **DEAN CALABRARO**
STREET ADDRESS **7340 SO. FORK RANCH RD**
CITY-ST-ZIP **CLERMONT FL 34711**

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:

Debra Gargano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/03 **352-67-6630**
Date Daytime Phone #

CR2E037 (10/02)