

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90079 046 ****70.00

0001348

DOCUMENT # N02000009832

1. Entity Name

CHARLOTTE COUNTY YOUTH BASKETBALL, INC.



Principal Place of Business

**23462 ROCKET AVE.
PORT CHARLOTTE FL 33954**

Mailing Address

**23462 ROCKET AVE.
PORT CHARLOTTE FL 33954**

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

01-0759134

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

**MCPEAK, BRIAN
23462 ROCKET AVE.
PORT CHARLOTTE FL 33954**

7. Name and Address of New Registered Agent

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, 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	D	<input type="checkbox"/> Delete
NAME	MCPEAK, BRIAN	
STREET ADDRESS	23462 ROCKET AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEATLAND, VERE	
STREET ADDRESS	27133 PARATINS DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, THOMAS	
STREET ADDRESS	17056 DOYLE AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ANTHONY MARESCA	
STREET ADDRESS	141 ANGOL ST.	
CITY-ST-ZIP	PUNTA GORDA, FLORIDA 33983	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	PAMELA KHALEEL	
STREET ADDRESS	26373 BRIDGEWATER RD.	
CITY-ST-ZIP	PUNTA GORDA, FLORIDA 33983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPEAK, BRIAN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY MARESCA	
STREET ADDRESS	141 ANGOL ST.	
CITY-ST-ZIP	PUNTA GORDA, FLORIDA 33983	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA KHALEEL	
STREET ADDRESS	26373 BRIDGEWATER RD.	
CITY-ST-ZIP	PUNTA GORDA, FLORIDA 33983	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY MARESCA	
STREET ADDRESS	141 ANGOL ST.	
CITY-ST-ZIP	PUNTA GORDA, FLORIDA 33983	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA KHALEEL	
STREET ADDRESS	26373 BRIDGEWATER RD.	
CITY-ST-ZIP	PUNTA GORDA, FLORIDA 33983	
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:

BRIAN E. MCPEAK

03
05-09-03

941-255-0494

CR2E037 (10/02)