

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

3/1

03-17-2003 90106 005 \*\*\*\*61.25

**DOCUMENT # N09229**

1. Entity Name

**EAGLE YOUTH SPORTS, INC.**



Principal Place of Business

**4200 DIKE ROAD  
WINTER PARK FL 32792  
US**

Mailing Address

**P.O. BOX 620627  
OVIEDO FL 32762**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2552000**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KEVIN N. HERBST  
3136 HEART LEAF PLACE  
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name

**Renee Piefer**

Street Address (P.O. Box Number is Not Acceptable)

**3725 N. St. Lucie Drive**

City

**Winter Springs**

FL

Zip Code

**32708**

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]* **Renee Piefer, President**

**1-27-03**

**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	PDD	<input checked="" type="checkbox"/> Delete
NAME	HERBST, KEVIN	
STREET ADDRESS	3136 HEART LEAF PL	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DVTS	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, KELLY	
STREET ADDRESS	4232 CLOVERLEAF PLACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	MOODY, STEVE	
STREET ADDRESS	1035 GORE DRIVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	TDT	<input checked="" type="checkbox"/> Delete
NAME	NEMETHY, PAULA	
STREET ADDRESS	1835 BROOKS LANE	
CITY-ST-ZIP	OVIEDO FL 32765	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renee Piefer	
STREET ADDRESS	3725 N. St. Lucie Dr	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amey Raines	
STREET ADDRESS	1410 3rd Longuil Lane	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE	V.P. Operations	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norma McPherson	
STREET ADDRESS	1470 Thornhill Circle	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonnie Smith	
STREET ADDRESS	2630 Tusawilla Rd	
CITY-ST-ZIP	OVIEDO FL 32765	
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]* **Norma McPherson**

**Treasurer**

**1-27-03**

**407-327-3333**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (10/02)