

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90007 005 \*\*\*\*61.25

**DOCUMENT # N22245**

1. Entity Name

**NORTHEAST PENSACOLA YOUTH FOOTBALL ASSOCIATION,**

*LA*

Principal Place of Business

Mailing Address

POST OFFICE BOX 10434  
 PENSACOLA FL 32524

POST OFFICE BOX 10434  
 PENSACOLA FL 32524

1046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2835188**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHISLER, DAVID  
 935 FARMINGTON RD  
 PENSACOLA FL 32504**

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 **TD** ☒ Delete  
 NAME **POIZ, SHEILA**  
 STREET ADDRESS **5070 LEESWAY TERR**  
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **TD** ☐ Change ☐ Addition  
 NAME **Sheila Poiz**  
 STREET ADDRESS **5070 Leesway Terr.**  
 CITY-ST-ZIP **Pensacola FL 32504**

TITLE **PD** ☐ Delete  
 NAME **SCHISLER, DAVID**  
 STREET ADDRESS **935 FARMINGTON RD**  
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Tim Smith**  
 STREET ADDRESS **3711 Tom Lane**  
 CITY-ST-ZIP **Pensacola FL 32504**

TITLE **SD** ☐ Delete  
 NAME **HARRIS, PATRICIA**  
 STREET ADDRESS **1240 MAURA ST**  
 CITY-ST-ZIP **PENSACOLA FL 32503**

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  
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 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 REQUIRED*

5/15/01

(850) 475-2577

0017861

CR2E037 (10/00)