

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22380

1. Entity Name

SOUTH ORLANDO YOUTH SPORTS ASSOCIATION, INC.

Principal Place of Business

10383 ORANGEWOOD BLVD.
ORLANDO FL 32821

Mailing Address

10325 ORANGEWOOD BLVD
ORLANDO FL 32821-8239

2. Principal Place of Business

10325 Orangewood Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip
32821

Country

USA

Zip

Country

4. FEI Number

59-2865460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUEDLINGER, DONALD A.
5672 PARKVIEW LAKE DR.
ORLANDO FL 32821

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.

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	RUEDLINGER, RICHARD	
STREET ADDRESS	1212 TROUTWOOD BL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RUEDLINGER, MARY LOU	
STREET ADDRESS	5672 PARKVIEW LAKE DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	RUEDLINGER, DONALD A.	
STREET ADDRESS	5672 PARKVIEW LAKE DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00 407-351-5258
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90017 006 ****61.25

CR2E037 (9/99)