

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90100 013 ****61.25

DOCUMENT # N26887

1. Entity Name
HEARTLAND YOUTH FOOTBALL INC.

Principal Place of Business 5341 LIME RD SEBRING FL 33872	Mailing Address 5341 LIME ROAD SEBRING FL 33872-8040 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEED, JAMES L., JR 5341 LIME RD SEBRING FL 33872	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEED, JAMES L., JR.		NAME	
STREET ADDRESS 5341 LIME DRIVE		STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVERY, MARK		NAME	
STREET ADDRESS 611 3RD CRT SW.		STREET ADDRESS	
CITY-ST-ZIP FORT MEADE FL 33841		CITY-ST-ZIP	
TITLE TSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCINTYRE, ROBYN		NAME	
STREET ADDRESS 3740 SPARTA ROAD		STREET ADDRESS	
CITY-ST-ZIP SEBRING FL 33872		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WELLS, CATHERINE		NAME MCINTYRE, KEVIN	
STREET ADDRESS 425 LAKE JUNE ROAD		STREET ADDRESS 3740 SPARTA ROAD	
CITY-ST-ZIP LAKE PLACID FL 33852		CITY-ST-ZIP SEBRING, FL 33872	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *James L. Weed, Jr.* (JAMES L. WEED, JR) 4-24-00 (863) 385-2346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)