

2001 UNIFORM BUSINESS REPORT (UBR)

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WEED, JAMES L., JR
5341 LIME RD
SEBRING FL 33872

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 P
NAME WEED, JAMES L., JR. ☐ Delete
STREET ADDRESS 5341 LIME DRIVE
CITY-ST-ZIP SEBRING FL

TITLE VPD
NAME EVERY, MARK ☐ Delete
STREET ADDRESS 611 3RD CRT SW
CITY-ST-ZIP FORT MEADE FL 33841

TITLE TSD
NAME MCINTYRE, ROBYN ☐ Delete
STREET ADDRESS 3740 SPARTA ROAD
CITY-ST-ZIP SEBRING FL 33872

TITLE D
NAME MCINTYRE, KEVIN ☐ Delete
STREET ADDRESS 3740 SPARTA RD
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-01

Date

(863) 385-2346

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90039 035 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)