

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28664

1. Entity Name

YOUTH BASKETBALL OF AMERICA, INC.

Principal Place of Business

Mailing Address

C/O DONALD A. RUEDLINGER  
5672 PARKVIEW LAKE DR.  
ORLANDO FL 32821

10325 ORANGEWOOD BLVD.  
ORLANDO FL 32821

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

59-2932816

Applied For

Not Applicable

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

RUEDLINGER, DONALD A.

5672 PARKVIEW LAKE DR. 11321 Mighty Oak Ct.  
ORLANDO FL 32821

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 Donald A. Ruedlinger  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

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	VD	<input type="checkbox"/> Delete
NAME	RUEDLINGER, RICHARD A.	
STREET ADDRESS	1212 TROTWOOD CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUEDLINGER, DONALD A.	
STREET ADDRESS	5672 PARKVIEW LAKE DRIVE 11321 Mighty Oak Ct.	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUTSLAR, JACK, DR.	
STREET ADDRESS	4985 OAK GARDEN DRIVE	
CITY-ST-ZIP	KERNERSVILLE NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, L.G.	
STREET ADDRESS	522 CRESWELL AVE	
CITY-ST-ZIP	ANDERSON SC	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUEDLINGER, MARY LOU	
STREET ADDRESS	5672 PARKVIEW LAKE DR. 11321 Mighty Oak Ct.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DEXTER	
STREET ADDRESS	4744 BLOODHOUND ST.	
CITY-ST-ZIP	ORLANDO FL	

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	
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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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 (407)363-9262  
Date Daytime Phone #

FILED  
Jan 30, 2002 8:00 am  
Secretary of State

01-30-2002 90133 035 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)