

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30993

1. Entity Name

YOUTH HALL OF FAME INTERNATIONAL, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90070 003 ****61.25

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| %HENRY H. RAATTAMA, JR. ONE S.E. 3RD AVE., #2800 MIAMI FL 33131-2387 US | %HENRY H. RAATTAMA, JR. ONE S.E. 3RD AVE., #2800 MIAMI FL 33131-1715 US |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|----------------------------------|--------------------------------|
| 4. FEI Number | Applied For |
| 65-0217179 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| RAATTAMA, HENRY H. JR. % AKERMAN, SENTERFITT & EIDSON, P.A. ONE S.E. 3RD AVE., 28TH FLOOR MIAMI FL 33131 | 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 _____ (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 | PD ARNOLD, WALTER B. JR. 7421 SW 55TH AVENUE MIAMI FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | VD ARNOLD, WALTER B. III 11700 BANYAN ST. PALM BCH GARDENS FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | SD MAIDA, NANCY A. 18660 LOCKPOINT CT. JUPITER FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | TD ARNOLD, NANCY L. 7421 SW 55TH AVENUE MIAMI FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | 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: Walter B. Arnold Jr. 5-12-2000 (305) 667-0321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)