

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43357

1. Entity Name

OLDSMAR YOUTH FOOTBALL, INC.

Principal Place of Business

CANAL PARK
OLDSMAR FL 34677
US

Mailing Address

P.O. BOX 11
OLDSMAR FL 34677-0001
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3078924

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, DEBORA C
338 LAFAYETTE BLVD.
OLDSMAR FL 34677

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 NAME STREET ADDRESS CITY-ST-ZIP	PD AVOTTE, A 2005 DONEGAL CT OLDSMAR FL 34677	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDDY, TAMMY 3133 HURON AVENUE, STE. A OLDSMAR FL 34677	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, DEBORA C 338 LAFAYETTE BLVD OLDSMAR FL 34677	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEIBER, MELISSA 7724 N. HAVEN PLACE NEW PORT RICHEY FL 34665	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Christopher L. Smith 338 LAFAYETTE BLVD. OLDSMAR, FL 34677	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT STEVE WINGET 601 SPRUCE ST OLDSMAR, FL 34677	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CHRIS GRAHAM 4010 EXECUTIVE DR. PALM HARBOR, FL 34685	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DEBORA C. SMITH 338 LAFAYETTE BLVD. OLDSMAR, FL 34677	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Deborah C. Smith Secretary 2-22-01 813-891-1252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)