

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 10, 1999 8:00 am  
Secretary of State

08-10-1999 90022 009 \*\*\*\*61.25

DOCUMENT # N49089

1. Corporation Name

ZEPHYRHILLS YOUTH BASKETBALL LEAGUE, INC.

Principal Place of Business

4773 SILVER CIRCLE  
ZEPHYRHILLS FL 33541  
US

Mailing Address

PO BOX 17222  
ZEPHYRHILLS FL 33539-1722  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 PO Box 1722

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/26/1992

4. FEI Number

59-3135443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MCALVANAH, THOMAS P.  
37818 HWY. 54 WEST  
ZEPHYRHILLS FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME SMITH, CHRISTOPHER  
STREET ADDRESS 4773 SILVER CIRCLE  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE DV ☐ DELETE

NAME PORTER, BILL  
STREET ADDRESS 36627 JUDDEE DR  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE D ☐ DELETE

NAME BAHR, LENNY  
STREET ADDRESS 10925 LINDA VISTA LANE  
CITY-ST-ZIP DADE CITY FL

TITLE DS ☐ DELETE

NAME WIGGINS, LORI  
STREET ADDRESS 5239 IXORA DR  
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE D ☐ DELETE

NAME SAYLOR, RICK  
STREET ADDRESS 6335 12TH ST  
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE DT ☐ DELETE

NAME BAHR, TERENA  
STREET ADDRESS 10925 LINDA VISTA LANE  
CITY-ST-ZIP DADE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☒ Change ☐ Addition

1.2 NAME Tim Hyre  
1.3 STREET ADDRESS 5239 IXORA DR  
1.4 CITY-ST-ZIP Zephyrhills, FL

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME LORI HYRE  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (5/99)