

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90017 029 ****61.25

DOCUMENT # N50365

1. Entity Name
GREATER DELAND YOUTH FOOTBALL ASSOCIATION, INC.

Principal Place of Business 840 W KICKLIGHTER RD LAKE HELEN FL 32744 US	Mailing Address 840 W KICKLIGHTER RD LAKE HELEN FL 32744 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-3142274	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
DITSLEAR, C R
108 W RICH AVE
DELAND FL 32720

7. Name and Address of New Registered Agent
 Name: **Paulette Smith**
 Street Address (P.O. Box Number is Not Acceptable): **840 W. Kicklighter Rd**
 City: **Lake Helen** FL Zip Code: **32744**

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: *Paulette Smith*
 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
After September 13, 2000, min. will be \$236.25

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: VD	<input checked="" type="checkbox"/> Delete
NAME: DITSLEAR, ROBERT E	
STREET ADDRESS: 761 OLD TREELINE TRAIL	
CITY-ST-ZIP: DELAND FL	
TITLE: SD	<input checked="" type="checkbox"/> Delete
NAME: SIEG, RACHEL	
STREET ADDRESS: 325 N FRANKFORT AVE	
CITY-ST-ZIP: DELAND FL 32724	
TITLE: TD	<input type="checkbox"/> Delete
NAME: TULLY, KAHTLEEN M	
STREET ADDRESS: 993 FATTO RD.	
CITY-ST-ZIP: DELAND FL	
TITLE: PD	<input type="checkbox"/> Delete
NAME: SMITH, PAULETTE D	
STREET ADDRESS: 840 W. KICKLIGHTER RD	
CITY-ST-ZIP: LAKE HELEN FL	
TITLE: D	<input type="checkbox"/> Delete
NAME: HARRIS, DARRYL D.	
STREET ADDRESS: 615 S. PARSONS AVE.	
CITY-ST-ZIP: DELAND FL	
TITLE: D	<input checked="" type="checkbox"/> Delete
NAME: DITSLEAR, DIANE E	
STREET ADDRESS: 761 OLD TREELINE TRAIL	
CITY-ST-ZIP: DELAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Leon Bright	
STREET ADDRESS: 1183 W. Dutton Ave	
CITY-ST-ZIP: Deland, FL 32720	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Stephen Tyler	
STREET ADDRESS: 833 S. PARSONS AVE	
CITY-ST-ZIP: Deland, FL 32720	
TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Leroy Ray	
STREET ADDRESS: 720 E. New St	
CITY-ST-ZIP: Deland, FL 32720	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Belinda Gibson	
STREET ADDRESS: 410 S. EASY ST	
CITY-ST-ZIP: Deland, FL 32720	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Jardie L. Gordon	
STREET ADDRESS: 803 S. Adelle Ave	
CITY-ST-ZIP: Deland, FL 32720	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Robert Monroe	
STREET ADDRESS: 922 Marlboro Dr.	
CITY-ST-ZIP: Deland, FL 32724	

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: *Paulette Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/28/00**
 Daytime Phone #

CR2E037 (5/00)