

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90057 017 ****61.25

DOCUMENT # N50365

1. Entity Name

GREATER DELAND YOUTH FOOTBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**840 W KICKLIGHTER RD
 LAKE HELEN FL 32744
 US**

**840 W KICKLIGHTER RD
 LAKE HELEN FL 32744
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3142274

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, PAULETTE D
 840 W KICKLIGHTER RD
 LAKE HELEN FL 32744**

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

Paulette Smith

2/21/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
 RAY, LEROY
 720 E NEW ST
 DELAND FL 32724 Delete

Change Addition

S
 MONROE, ALICIA
 526 S THOMPSON ST
 DELAND FL 32720 Delete

Change Addition

D
 MARLON, HARRIS
 3131 MAPLE SHADE
 DELTONA FL 32738 Delete

Change Addition

PD
 SMITH, PAULETTE D
 840 W. KICKLIGHTER RD
 LAKE HELEN FL Delete

Change Addition

D
 HARRIS, DARRYL D
 615 S. PARSONS AVE.
 DELAND FL Delete

Change Addition

D
 TAMIKA, JOYCE
 647 S THOMPSON
 DELAND FL 32720 Delete

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:

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

2/21/02
 Date

Daytime Phone #

CR2E037 (9/01)