

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90296 040 ****61.25

DOCUMENT # N93000000287

1. Entity Name

BAYOU GEORGE ATHLETIC ASSOCIATION INC.



Principal Place of Business

**6010 JAYCEE DRIVE
(BALL PARK)
YOUNGSTOWN FL 32466**

Mailing Address

**PO BOX 1005
YOUNGSTOWN FL 32466**

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 **59-2440058**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, BARRY
8720 CREEKRUN
YOUNGSTOWN FL 32466**

Name

BUTTERWORTH, Johnny

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

9109 Newberry Rd

City

Youngstown

FL

Zip Code

32466

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Johnny Butterworth

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

(NOTE: Registered Agent signature required when reinstating)

1/15/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, BARRY	
STREET ADDRESS	8723 CREEKRUN	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	COOK, KELLI	
STREET ADDRESS	8321 EASTWOOD AVE.	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARLEHN, MICHELLE	
STREET ADDRESS	4811 PALM AVE.	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MECKS, CAROL	
STREET ADDRESS	13721 MASHBURN RD.	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTERWORTH, Johnny	
STREET ADDRESS	9109 Newberry Rd.	
CITY-ST-ZIP	Youngstown FL 32466	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERY, DAVID JR	
STREET ADDRESS	6307 NORTHWOOD ST.	
CITY-ST-ZIP	Youngstown, FL 32466	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, KELLY	
STREET ADDRESS	9210 ELDER LN.	
CITY-ST-ZIP	Youngstown, FL 32466	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATUM, JAMES	
STREET ADDRESS	8939 PARK AVENUE	
CITY-ST-ZIP	Youngstown, FL 32466	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED

1/22/03

850 722 1908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)