

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000003600**

1. Entity Name

SOUTH BAY YOUTH LEAGUE PROGRAM INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 10 AM 9:42

Principal Place of Business

Mailing Address

2800 ILEX CT.
SOUTH BAY FL 33493P.O. BOX 7126
SOUTH BAY FL 33493
US

2. Principal Place of Business

215 Southwest 9th Avenue

3. Mailing Address

PO Box 7126

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

South Bay, Florida

City & State

South Bay, Florida

4. FEI Number

65-0367131

Applied For

Not Applicable

Zip

33493

Country

US

Zip

33493

Country

US

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ALLEN
PO BOX 553
SOUTH BAY FL 33493

7. Name and Address of New Registered Agent

Name *Allen J. Davis*

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

215 S.W. 9th Ave.

City

South Bay

FL

Zip Code

33493

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

Allen Davis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*10 Sept. 01***FILE NOW: FEE IS \$61.25****After September 12, 2001, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DAVIS, DOROTHY J
210 S.W. 4TH AVE
SOUTH BAY FL 33493 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
YOUNG, MAMIE 2 45 NW 3
RD AVE.
SOUTH BAY FL 33495 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
DAVIS, GLENDA
1402 JASMINE COURT
SOUTH BAY FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
WADE, VIVIAN
2301 ILEX COURT
SOUTH BAY FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, PEARLIE M
715 MHP, LOT 147
BELLE GLADE FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
Williams, Angela 215 Southwest 9th
South Bay, Florida 33493 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Hamilton, Delia
495 SW 1st Street
South Bay, Florida 33493 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
Hayward Elma
425 SE 3rd Ave. South Bay, Florida 33493 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Davis, Allen J.
215 SW 9th Ave
South Bay, Florida 33493 ☒ Change ☐ Addition **AD**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)