

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001606

1. Entity Name

MELROSE YOUTH SPORTS ASSOICATION, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90143 042 ****61.25

Principal Place of Business

Mailing Address

303 SR 26
(SR 26)
MELROSE FL 32666
US

303 SR 26
(SR 26)
MELROSE FL 32666
US

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

59-3238900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, ROSELLEN V
303 SR 26
MELROSE FL 32666

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

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

TITLE PD
NAME ALSOBROOK, LAUREN P
STREET ADDRESS P O BOX 1063 NA
CITY-ST-ZIP MELROSE FL 32666

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME HENDERSON, ROSELLEN V
STREET ADDRESS 340 S.W. JASMINE AVE
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME KEEN, ANGIE
STREET ADDRESS STAR ROUTE
CITY-ST-ZIP EALETON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME MEEK, PAT
STREET ADDRESS RT 2 BOX 189M
CITY-ST-ZIP HAWTHORNE FL 32640

☒ Delete

TITLE TD
NAME Stephanie Gillain
STREET ADDRESS 33a SE 2nd Ave
CITY-ST-ZIP Melrose FL 32666

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

Stephanie Gillain Treas.

Daytime Phone #

352-475-3194

CR2E037 (9/99)