2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001762

1. Entity Name

KISSIMMEE YOUTH FOOTBALL LEAGUE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90072 036 ****61.25

Principal Place of Business	Mailing Address
100 LAKESHORE BLVD. KISSIMMEE FL 34744 US	P.O. BOX 451343 KISSIMMEE FL 34745-1343

DO NOT WRITE IN THIS SPACE

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 59-3179668 ☐ 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
GLOVER, ANN MARIE T 142 HOLLYHOCK CT KISSIMMEE FL 34743	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 Ann M Glover Ann Marie Glover 1/19/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DILEONARDO, JOE 1840 KINGSBURY CT KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GLUNT, ROSS 1350 N. LYNDELL DR KISSIMMEE FL 34741	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Richard Brown 3050 Pinewood Ct. Kissimmee, Fl 34746	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, VICKI 1422 AMANDA RD KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Tony Donnelly 1840 Kingsbury Ct Kissimmee, Fl 34746	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARDY, TERRAL L 1854 DESTINY BLVD #107 KISSIMMEE FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BELL, MARTHA W 2935 TURN OAKS DR KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Linda DiLeonardo 1840 Kingsbury Ct Kissimmee, Fl 34744	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Randy Butcher 906 South Park Ct. Kissimmee, Fl 34741	☐ Change ☑ Addition

CR2E037 (9/99)

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: Ann Marie T. Glover Ann Marie T. Glover 1/19/00 (407) 943-7240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #