2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90019 031 ****61.25

DOCUMENT # N94000001762

1. Entity Name

KISSIMMEE YOUTH FOOTBALL LEAGUE, INC.

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 Diana Wallis Street Address (P.O. Box Number is Not Acceptable) 331 OAKHURST Circle City Kissimmee FL Zip Code 34744

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 Diana Wallis
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	President PD Ross Glunt 13350 N. Lyndell Drive Kissimmee FL 34741	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROWN, RICHARD 3050 PINEWOOD CT KISSIMMEE FL 34741	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President VD Todd Gray 1601 Granada Blvd Kissimmee FL 34746	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DONNELLY, TONY 1840 KINGSBURY CT KISSIMMEE FL 34744	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Rebecca M. Powell TD 219 Poinciana Circle Kissimmee FL 34741	☐ 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	Secretary SD Joanne Calabro 1430 Sheana Lane Kissimmee, FL 34744	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DILEONARDO, LINDA 1840 KINGSBURY CT KISSIMMEE FL 34744	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director MD Vanna Baker 101 Park Place Blvd #1 Kissimmee FL 34742	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BUTCHER, RANDY 906 S. PARK CT KISSIMMEE FL 34741	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition

CR2E037 (10/00)

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: [illegible] 4-24-01 407 345 4216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #