

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004548

1. Entity Name

SOUTH BEACH YOUTH FOOTBALL ASSOCIATION, INC.

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

06-10-2002 90463 011 \*\*\*\*70.00

Principal Place of Business

P.O. BOX 372163  
SATELLITE BEACH FL 32937  
US

Mailing Address

P.O. BOX 372163  
SATELLITE BEACH FL 32937  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3329502**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARNOLD, FRED  
250 HARBOUR DR E  
SATELLITE BEACH FL 32937

Name **KELLY FANTO**  
Street Address (P.O. Box Number is Not Acceptable)  
**334 LANTERNBACK ISL. DR.**  
City **SATELLITE BEACH FL** Zip Code **32937**

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.

**SECRETARY**

(NOTE: Registered Agent signature required when reinstating)

**5/3/02**

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 **D** ☒ Delete  
NAME **ARNOLD, FRED**  
STREET ADDRESS **250 HARBOUR DR E**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **JOHN CACCIATORE**  
STREET ADDRESS **470 E. AMHERST CIRCLE**  
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **D** ☒ Delete  
NAME **MCNICHOLS, WILLIAM**  
STREET ADDRESS **204 NE 3RD ST**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **RICHARD ROGERS**  
STREET ADDRESS **810 PEREGRINE DRIVE**  
CITY-ST-ZIP **INDIAN HARBOR, FL 32903**

TITLE **D** ☒ Delete  
NAME **MCNICHOLS, SHARON**  
STREET ADDRESS **204 NE 3RD ST**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **KELLY FANTO**  
STREET ADDRESS **334 LANTERNBACK ISL DR.**  
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **D** ☒ Delete  
NAME **SADOWSKI, KELLY**  
STREET ADDRESS **139 TERRY ST**  
CITY-ST-ZIP **INDIAN HARBOR 32937**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **RICHARD WBL**  
STREET ADDRESS **9 COLONIAL WAY**  
CITY-ST-ZIP **INDIAN HARBOR BEACH, FL 32937**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**6-2-02**

Date

Daytime Phone #

CR2E037 (9/01)