

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90093 029 \*\*\*\*70.00

**DOCUMENT # N94000005438**

1. Entity Name

**FORT WALTON BEACH YOUTH SPORTS ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 967

FORT WALTON BEACH FL 32549-0967

Mailing Address

P.O. BOX 967

FORT WALTON BEACH FL 32549-0967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3295572**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, DAVID L  
212 OAK STREET S.E.  
FT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David L Lewis*

**DAVID L. LEWIS**

**PRES.**

**1-12-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVST	<input type="checkbox"/> Delete
NAME	LEWIS, DAVID L	
STREET ADDRESS	212 OAK STREET S.E.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, DAVID L	
STREET ADDRESS	212 OAK STREET S.E.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, RAYMOND D	
STREET ADDRESS	100 ELM AVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, MARTIN L	
STREET ADDRESS	100 ELM AVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, TIMOTHY D	
STREET ADDRESS	100 ELM AVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUFFALINO, JOE	
STREET ADDRESS	209 W MIRACLE STRIP PKWY B 102	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL BEEDIE	
STREET ADDRESS		
CITY-ST-ZIP	FWB, FL 32548	

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: *David L Lewis* **DAVID L. LEWIS**

**1-12-03**

**217 2126**

CR2E037 (10/02)