## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9500001600 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name UNIVERSITY COUGARS YOUTH FOOTBALL ASSOCIATION, I 09-11-2000 90076 015 \*\*\*\*61.25 Principal Place of Business Mailing Address 12472 LAKE UNDERHILL RD 12472 LAKE UNDERHILL RD #131 ORLANDO FL 32828 ORLANDO FL 32828 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-1582287 Not Applicable Z∤p Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCONNELL, ELROY 12850 FORESTEDGE CIR. ORLANDO FL 32828 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust-Fund Contribution. Department of State After September 13, 2000 min: will be \$236.25 Added to Fees. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE dim Molnar Addition NAME KOACH, JOHN J NAME 13619 Clue Water Cir. STREET ADDRESS STREET ADDRESS 12850 FORESTEDGE CIRCLE Orlando Fi. 32826 CITY-ST-ZIP CiTY-ST-ZIF ORLANDO FL 32828 CD Addition CD Delete Change TITI F TITLE Richard White NAME KEMP, JOHN NAME 4836 PabamaPi STREET ADDRESS STREET ADDRESS 13327 MEADOW LARK LANE CITY-ST-ZIP Orlandofi. 32812 CITY-ST-7IP ORLANDO FL 32828 Addition ממ DD ☐ Change TITLE Deiete TIT) F Cheryl Riley NAME ELLIOT, ANDREA NAME 5228 Goldenrod Dr. STREET ADDRESS STREET ADDRESS 725 BRITTANY LAKES LANE # 411 CITY-ST-ZIP CITY-ST-ZIP Orlando Fl. 32817 ORLANDO FL 32828 ☐ Addition ∠ Change ☐ Delete TITLE DO TITLE Dave Brunat NAME NAME 2952 Notre Dame STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando Fl. ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-\$1-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOCATURE EXERCIDITED A 915100 407 592832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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