

2002 UNIFORM BUSINESS REPORT (UBR)

5/3

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N95000001600

DOCUMENT # N95000001600

1. Entity Name

UNIVERSITY COUGARS YOUTH FOOTBALL ASSOCIATION, I
NC.

02 AUG 13 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

12472 LAKE UNDERHILL RD
#131
ORLANDO FL 32828
US

12472 LAKE UNDERHILL RD
#131
ORLANDO FL 32828
US

40124

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

23-1582287

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

WHITE, RICHARD
4836 RABAMA PL
ORLANDO FL 32812

Name Cheryl Riley

Street Address (P.O. Box Number is Not Acceptable)
5228 Goldenrod Dr

City Orlando, FL 32817 FL Zip Code 32817

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 Cheryl Riley

Signature, typed or printed name of registered agent and title if applicable.

Cheryl G. Riley

(NOTE: Registered agent signature required when reinstating)

5/27/02

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 NAME STREET ADDRESS CITY-ST-ZIP	TD MOLNAR, JIM 13619 BLUE WATER CIR ORLANDO FL 32828	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WHITE, RICHARD 4836 RABAMA PL ORLANDO FL 32812	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD RILEY, CHERLY 5228 GOLDENROD DR ORLANDO FL 32817	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BRYANT, DAVE 2952 NOTRE DAME ORLANDO FL 32828	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOUDY, DANNA 289 FAIRWAY POINTE CIRCLE ORLANDO FL 32828	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elroy McConnell	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Commissioner/D Cheryl Riley Same ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Football Director Elroy McConnell 1212 Water Hickory Ct. Orlando, FL 32825 ☐ Change ☒ Addition

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: Cammie McConell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/02 (407) 384-9393

Date

Daytime Phone

CR2037 (9/01)