

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001941

1. Entity Name

NORTH OSCEOLA YOUTH SPORTS ASSOC. INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90209 009 ****61.25

Principal Place of Business

P.O. BOX 430533
KISSIMMEE FL 34743-0533

Mailing Address

P.O. BOX 430533
KISSIMMEE FL 34743-0533

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

59-3222007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75-Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAVARES, STEVE
210 PALMWOOD COURT
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

Name NATHAN HICKS

Street Address (P.O. Box Number is Not Acceptable)
2420 Debra Court

City KISS.

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 NATHAN HICKS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-16-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TAVARES, STEVE	
STREET ADDRESS	210 PALMWOOD COURT	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HICKS, NATHAN	
STREET ADDRESS	821 FLOIDA PARKWAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, LINDA	
STREET ADDRESS	135 MERIDA AVENUE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURGESS, DEBRA	
STREET ADDRESS	PP BIT CT	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	Burgess,	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Warren	
STREET ADDRESS	Tina Lane	
CITY-ST-ZIP	KISS., FL 34744	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Warren	
STREET ADDRESS	Tina Lane	
CITY-ST-ZIP	KISS., FL 34744	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lonnie Burgess	
STREET ADDRESS	99 Bit Ct	
CITY-ST-ZIP	KISS., FL 34743	
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		

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-00

Date

407/518-8442

Daytime Phone #

CR2E037 (5/00)