

2001 UNIFORM BUSINESS REPORT (UBR)

3/8

FILED
Apr 16, 2001 8:00 am
Secretary of State

03-08-2001 90111 049 ****61.25

DOCUMENT # **N95000001941**

1. Entity Name

NORTH OSCEOLA YOUTH SPORTS ASSOC. INC.

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

Suite, Apt. #, etc.

3. Mailing Address

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**

6. Name and Address of Current Registered Agent

HICKS, NATHAN
2420 DEBRA COURT
KISSIMMEE FL 34744

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/04/01

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

TITLE	WARREN, MIKE	<input checked="" type="checkbox"/> Delete
NAME	TINA LANE	
STREET ADDRESS	KISSIMMEE FL 34744	
CITY-ST-ZIP		
TITLE	WARREN, KIM	<input checked="" type="checkbox"/> Delete
NAME	TINA LANE	
STREET ADDRESS	KISSIMMEE FL 34744	
CITY-ST-ZIP		
TITLE	BURGESS, LONNIE	<input checked="" type="checkbox"/> Delete
NAME	99 BIT CT	
STREET ADDRESS	KISSIMMEE FL 34743	
CITY-ST-ZIP		
TITLE	BURGESS, DEBRA	<input checked="" type="checkbox"/> Delete
NAME	PP BIT CT	
STREET ADDRESS	KISSIMMEE FL 34743	
CITY-ST-ZIP		
TITLE		<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	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN FORD	
STREET ADDRESS	2256 Stonehedge Loop	
CITY-ST-ZIP	Kissimmee FL 34743	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESCOBAR, GRISEL	
STREET ADDRESS	3164 SANTA CRUZ DR.	
CITY-ST-ZIP	KISSIMMEE, FL. 34746	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISSETTE NARANGO	
STREET ADDRESS	2414 Condado Court	
CITY-ST-ZIP	Kissimmee 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 like empowered.

Michael J. Escobar

407-870-0979

CR2E037 (10/00)