

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003029

1. Entity Name

UMATILLA YOUTH SPORTS ASSOCIATION, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90198 004 \*\*\*\*75.00

Principal Place of Business

Mailing Address

P.O. BOX 259  
 UMATILLA FL 32784

P.O. BOX 259  
 UMATILLA FL 32784-0259



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PATTERSON, MICHAEL E  
 36326 STRATFORD CT  
 GRAND ISLAND FL 32735

Name

Turner, Michael L.

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

36735 Calhoun Rd.

City

Eustis

FL

Zip Code

32736

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 MICHAEL L. TURNER

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

(NOTE: Registered Agent signature required when reinstating)

04/26/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, MICHAEL E	
STREET ADDRESS	36326 STRATFORD CT	
CITY-ST-ZIP	GRAND ISLAND FL 32735	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LIGHTFOOT, PAMELA C	
STREET ADDRESS	13228 GRAND TERRACE DR	
CITY-ST-ZIP	GRAND ISLAND FL 32735	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARTHOLOMEW, SUSAN	
STREET ADDRESS	P O BOX 1598	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	CT	<input type="checkbox"/> Delete
NAME	CUMMINGS, ALICIA	
STREET ADDRESS	P O BOX 373	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	T	<input type="checkbox"/> Delete
NAME	PENLEY, LYNN	
STREET ADDRESS	19802 E. UMATILLA BLVD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, MICHAEL L.	
STREET ADDRESS	36735 CALHOUN ROAD	
CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morrison, Karen	
STREET ADDRESS	19833 SALTSDALE RD.	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Altman, Paige	
STREET ADDRESS	43335 Hossin Around Lane	
CITY-ST-ZIP	Altoona, FL 32702	
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.

SIGNATURE:

Michael L. Turner MICHAEL L. TURNER 04/26/00 (352) 589-8296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)