

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90106 020 ****70.00

DOCUMENT # N95000003029

1. Entity Name

UMATILLA YOUTH SPORTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 259
 UMATILLA FL 32784

P.O. BOX 259
 UMATILLA FL 32784

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

NOT APPLICABLE

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

PATTERSON, MICHAEL E
36326 STRATFORD CT
GRAND ISLAND FL 32735

Name

Boling, Paul

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

19844 Saltsdale Road

City

Umatilla

FL

Zip Code

32784

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/04/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME PD
 STREET ADDRESS PATTERSON, MICHAEL E
 CITY-ST-ZIP 36326 STRATFORD CT
 GRAND ISLAND FL 32735

TITLE ☐ Change ☒ Addition
 NAME P/D/T
 STREET ADDRESS Boling, Paul
 CITY-ST-ZIP 19844 Saltsdale Rd.
 Umatilla FL 32784

TITLE ☒ Delete
 NAME VPT
 STREET ADDRESS LIGHTFOOT, PAMELA C
 CITY-ST-ZIP 13228 GRAND TERRACE DR.
 GRAND ISLAND FL 32735

TITLE ☐ Change ☒ Addition
 NAME V/D/
 STREET ADDRESS Patterson, David
 CITY-ST-ZIP 85 South Pine Ave.
 Umatilla, FL 32784

TITLE ☒ Delete
 NAME ST
 STREET ADDRESS BARTHOLOMEW, SUSAN
 CITY-ST-ZIP P O BOX 1598
 UMATILLA FL 32784

TITLE ☐ Change ☒ Addition
 NAME S
 STREET ADDRESS Comstock, Lois
 CITY-ST-ZIP 26432 Fishermans Rd.
 Paisley, FL 32767

TITLE ☐ Delete
 NAME CT
 STREET ADDRESS CUMMINGS, ALICIA
 CITY-ST-ZIP P O BOX 373
 PAISLEY FL 32767

TITLE ☐ Change ☒ Addition
 NAME C
 STREET ADDRESS Robbins, Joe
 CITY-ST-ZIP 19848 East Altoona Rd.
 Altoona, FL 32702

TITLE ☐ Delete
 NAME T
 STREET ADDRESS PENLEY, LYNN
 CITY-ST-ZIP 19802 E. UMATILLA BLVD
 UMATILLA FL 32784

TITLE ☐ Change ☒ Addition
 NAME C/T
 STREET ADDRESS Morrison, Karen
 CITY-ST-ZIP 19833 Saltsdale Rd.
 Umatilla, FL 32784

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/01 (352) 787-1422

Date

Daytime Phone # ext. 349

CR2E037 (10/00)