

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003210

FILED  
May 01, 2003  
Secretary of State

**Entity Name:** VOLUSIA PANTHERS YOUTH TACKLE FOOTBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

1586 LANGAN AVE  
DELTONA, FL 32738

**New Principal Place of Business:**

300 NORTH STATE ROAD 415  
OSTEEN, FL 32764 US

**Current Mailing Address:**

P.O. BOX 390581  
DELTONA, FL 327390581 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, JAMES K  
1586 LANGAN AVE  
DELTONA, FL 32738 US

**Name and Address of New Registered Agent:**

PATSOS, SAMUAL J  
300 NORTH STATE ROAD 415  
OSTEEN, FL 32764 US

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: SAMUAL J. PATSOS

05/01/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: SMITH, SANDRA J  
Address: 1841 AMBOY DR  
City-St-Zip: DELTONA, FL 32738

Title: TD ( ) Delete  
Name: WALKER, ROBERT  
Address: 2950 NORVELL CT.  
City-St-Zip: DELTONA, FL 32738

Title: SD ( ) Delete  
Name: ESPINOZA, ANDREA  
Address: 1576 FENTRESS AVE.  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: JONES, EARL  
Address: 654 STALLINGS AVE  
City-St-Zip: DELTONA, FL 32738 US

Title: TD (X) Change ( ) Addition  
Name: SOTERO, KATHY  
Address: 820 WESTBROOK TERRACE  
City-St-Zip: DELTONA, FL 32725 US

Title: SD (X) Change ( ) Addition  
Name: PATSOS, SAMUEL J "SKIP"  
Address: 300 NORTH STATE ROAD 415  
City-St-Zip: OSTEEN, FL 32764 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL J PATSOS

SD

05/01/2003

Electronic Signature of Signing Officer or Director

Date