

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003731

1. Entity Name

ALTAMONTE YOUTH SPORTS, INCORPORATED

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

05-15-2000 90148 037 ****61.25

Principal Place of Business

846 BAY BREEZE LANE
ALTAMONTE SPRINGS FL 32714

Mailing Address

846 BAY BREEZE LANE
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

1551 MARVIN STREET

Suite, Apt. #, etc.

3. Mailing Address

1551 MARVIN STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

59-3264659

Applied For

Not Applicable

Zip

32750

Country

SEMINOLE

Zip

32750

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, DAVID W
130 PRIMROSE DR
LONGWOOD FL 32779

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

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	REECE, SARAH	
STREET ADDRESS	846 BAY BREEZE LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BERRYHILL, DOUG	
STREET ADDRESS	1808 CROWLEY CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	S	<input type="checkbox"/> Delete
NAME	BECK, KATHY	
STREET ADDRESS	684 GREYWOOD DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, WILLIAM R	
STREET ADDRESS	293 SOUTH STREET	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KETTERER, PEG RUSSELL	
STREET ADDRESS	803 ARLINGTON BOULEVARD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIENKIEWICZ, DICK	
STREET ADDRESS	638 FIRWOOD CT.	
CITY-ST-ZIP	ALTAMONTE SPRING FL 32714	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES S. HOFFMAN	
STREET ADDRESS	1551 MARVIN STREET	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN LAUGHTER	
STREET ADDRESS	406 TWISTING PINE CIRCLE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYNAY HARDY	
STREET ADDRESS	263 PLAZA OVAL	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
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:

JAMES S. HOFFMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRS 10/17/99

4-24-00 407-331-8603