

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90002 036 ****61.25

DOCUMENT # N95000003731

1. Entity Name

ALTAMONTE YOUTH SPORTS, INCORPORATED

LA

Principal Place of Business

1551 MARVIN ST.
 LONGWOOD FL 32750

Mailing Address

1551 MARVIN ST.
 LONGWOOD FL 32750

C0072065



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

59-3264659

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

PHILLIPS, DAVID W
 130 PRIMROSE DR
 LONGWOOD FL 32779

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **HOFFMAN, JAMES S**
 STREET ADDRESS **1551 MARVIN ST**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **LAUGHTER, DAN**
 STREET ADDRESS **406-TWISTING PINE CIR**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **BECK, KATHY**
 STREET ADDRESS **684 GREYWOOD DR**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☒ Change ☐ Addition
 NAME **Hardy, Cindy**
 STREET ADDRESS **263 Plaza Oval**
 CITY-ST-ZIP **Casselberry, FL 32707**

TITLE **D** ☐ Delete
 NAME **JAMES, WILLIAM R**
 STREET ADDRESS **293 SOUTH STREET**
 CITY-ST-ZIP **FERN PARK FL 32730**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **HARDY, CYNDY**
 STREET ADDRESS **263 PLAZA OVAL**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☒ Change ☐ Addition
 NAME **Kelly Bowers**
 STREET ADDRESS **1310 Boyer St.**
 CITY-ST-ZIP **Longwood, FL 32780**

TITLE **D** ☐ Delete
 NAME **SIENKIEWICZ, DICK**
 STREET ADDRESS **638 FIRWOOD CT.**
 CITY-ST-ZIP **ALTAMONTE SPRING FL 32714**

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

4/28/01

Date

407-260-2013

Daytime Phone #

CR2E037 (10/00)