

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004926

1. Entity Name

SUMTER DIXIE YOUTH LEAGUE INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-01-2001 90177 023 ****61.25

Principal Place of Business Mailing Address
WEBSTER MEMORIAL PARK PO BOX 646
WEBSTER FL 33597 WEBSTER FL 33597

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 59-3426106 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

MURRAY, PHILIP
11 E JEFFERSON ST
CENTER HILL FL 33514

Name Gail Burry
Street Address (P.O. Box Number is Not Acceptable)
155 NE 3RD ST.
City Webster FL Zip Code 33597

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 NAME STREET ADDRESS CITY-ST-ZIP | P MURRAY, PHILIP 11 E JEFFERSON ST CENTER HILL FL 33514 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDREWS, FRED 8473 CR 760 CENTER HILL FL 33514 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BURY, GAIL 155 NE 3RD ST WEBSTER FL 33597 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HUTCHESON, BEVERLY 6968 CR 471 WEBSTER FL 33597 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOBSON, BRUCE 14695 CR 757 WEBSTER FL 33597 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUTCHESON, DANNY HWY 471 WEBSTER FL 33597 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Chris James 36 Mark Lane Center Hill, FL 33514 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Travis Upshaw 268 S. Washington Ave Center Hill, FL 33514 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Gail Burry 155 NE 3RD St. Webster, FL 33597 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C Bruce Dobson 14695 CR 757: Webster, FL 33597 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Chris Sullivan 97W C 478 Webster, FL 33597 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Vance Mauldin 5812 CR 707 Webster, FL 33597 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Gail Burry (Treasurer)

1-18-01 352-793-0312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #