

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004926

1. Entity Name

SUMTER DIXIE YOUTH LEAGUE INC.

FILED

Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90018 040 ****61.25

Principal Place of Business

Mailing Address

WEBSTER MEMORIAL PARK
WEBSTER FL 33597

PO BOX 646
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

BURRY, GAIL
155 NE 3RD ST
WEBSTER FL 33597

Name SULLIVAN, TERRI

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

97 W. C 478

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

Terri L. Sullivan

Terri L. Sullivan

1/17/2002

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
NAME JAMES, CHRIS ☒ Delete
STREET ADDRESS 36 MARK LANE
CITY-ST-ZIP CENTER HILL FL 33514

TITLE P
NAME RAY, KAREN ☐ Change ☒ Addition
STREET ADDRESS 5682 CR 547
CITY-ST-ZIP Bushnell, FL 33513

TITLE D
NAME UPSHAW, TRAVIS ☐ Delete
STREET ADDRESS 268 S. WASHINGTON AVE
CITY-ST-ZIP CENTER HILL FL 33514

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

TITLE T
NAME BURRY, GAIL ☒ Delete
STREET ADDRESS 155 NE 3RD ST
CITY-ST-ZIP WEBSTER FL 33597

TITLE T
NAME SULLIVAN, TERRI ☐ Change ☒ Addition
STREET ADDRESS 97 W. C 478
CITY-ST-ZIP WEBSTER, FL 33597

TITLE C
NAME DOBSON, BRUCE ☐ Delete
STREET ADDRESS 14695 CR 757
CITY-ST-ZIP WEBSTER FL 33597

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

TITLE D
NAME SULLIVAN, CHRIS ☐ Delete
STREET ADDRESS 97W C 478
CITY-ST-ZIP WEBSTER FL 33597

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

TITLE D
NAME MAULDIN, VANCE ☐ Delete
STREET ADDRESS 5812 CR 707
CITY-ST-ZIP WEBSTER FL 33597

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

Terri L. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)