


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 002 ****61.25

DOCUMENT # **N96000000295**

1. Entity Name
SAWGRASS YOUTH SPORTS ✓
OPTIMIST, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12213 NW 25 CT

3. Mailing Address
12213 NW 25 CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **CORAL SPRINGS FL** City & State **CORAL SPRINGS FL**

4. FEI Number **65-0635711** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip **33065** Country **U.S.** Zip **33065** Country **US**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **William COYNE**

Street Address (P.O. Box Number is Not Acceptable)
12213 NW 25 CT

City **CORAL SPRINGS FL** Zip Code **33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William Coyne** **William Coyne** **4-26-3**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistating) DATE

FEES IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD/T COYNE, BILL 12213 NW 25 CT CORAL SPRINGS FLA 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO CUOMO, NANCY 4020 NW 119 AVE SUNRISE FLA 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William Coyne** **4-26-3** **954 755 587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)