

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000727

1. Entity Name

MARGATE YOUTH KHOURY LEAGUE, INC.

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

03-15-2000 90092 038 ****61.25

Principal Place of Business

Mailing Address

6720 NW 6TH ST
MARGATE FL 33068
US

P O BOX 934294
MARGATE FL 33093-4294
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2189096

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

DALE EDWORTHY
6720 NW 6TH ST
MARGATE FL 33068

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	YOUNG, JAMES J	6515 NW 9TH AVE	MARGATE FL 33063	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P/D	EDWORTHY, DALE	6720 NW 6TH ST	MARGATE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	TRAVSCHI, LORI	6250 NW 18TH ST	MARGATE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	BERKHEIMER, EDWARD R.	4601 CEDARHILL ROAD	COCONUT CREEK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

3-10-00

954 973-1311

Date

Daytime Phone #

CR2E037 (9/99)