

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000727

1. Entity Name

MARGATE YOUTH KHOURY LEAGUE, INC.

Principal Place of Business

6720 NW 6TH ST
MARGATE FL 33068
US

Mailing Address

P O BOX 934294
MARGATE FL 33093
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2189096

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DALE EDWORTHY
6720 NW 6TH ST
MARGATE FL 33068

7. Name and Address of New Registered Agent

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

TITLE VP ☐ Delete
NAME YOUNG, JAMES J
STREET ADDRESS 6515 NW 9TH AVE
CITY-ST-ZIP MARGATE FL 33063

TITLE P/D ☐ Delete
NAME EDWORTHY, DALE
STREET ADDRESS 6720 NW 6TH ST
CITY-ST-ZIP MARGATE FL

TITLE SD ☐ Delete
NAME TRAVSCHT, LORI
STREET ADDRESS 6250 NW 18TH ST
CITY-ST-ZIP MARGATE FL

TITLE TD ☐ Delete
NAME BERKHEIMER, EDWARD R.
STREET ADDRESS 4601 CEDARHILL ROAD
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90326 004 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

4-26-01 954 973-1311