

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001288

1. Entity Name

SUNBELT YOUTH FOOTBALL, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90007 031 ****61.25

Principal Place of Business

Mailing Address

13252 NE 26TH AVE
COUNTRY HILLS ESTATE
OKEECHOBEE FL 34972
US

P.O BOX 272
OKEECHOBEE FL 34973-0272
US

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

65-0774318

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

Name

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

City

FL

Zip Code

KEMP, NORMA S.
13252 NE 26TH AVE
COUNTRY HILLS ESTATE
OKEECHOBEE FL 34973

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	PD	<input type="checkbox"/> Delete
NAME	SHADD, LARRY	
STREET ADDRESS	125 WILDER RD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SHADD, LARRY	
STREET ADDRESS	125 WILDER RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEMP, NORMA S	
STREET ADDRESS	13252 NE 26TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KEMP, JIMMY L	
STREET ADDRESS	13252 NE 26TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SLONE, BILL	
STREET ADDRESS	820 ARIETTA CIRCLE	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Jimmy L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kemp, Jimmy L.	
STREET ADDRESS	13252 NE 26th Ave.	
CITY-ST-ZIP	Okeechobee, Fla. 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kemp, Norma S.	
STREET ADDRESS	13252 NE 26th Ave.	
CITY-ST-ZIP	Okeechobee, Fla. 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Norma S. Kemp (Norma Sue Kemp) Secretary 6/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-
467-7650

CR2E037 (9/99)