

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90009 001 ****61.25

DOCUMENT # N96000001288

1. Entity Name

SUNBELT YOUTH FOOTBALL, INC.

Principal Place of Business

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

Mailing Address

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

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

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

Norma S. Kemp (Secretary)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/2001

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 PD
 NAME SHADD, LARRY
 STREET ADDRESS 125 WILDER RD
 CITY-ST-ZIP LAKE LAND FL 33809 ☐ Delete

TITLE ~~VPD~~
 NAME ~~SHADD, LARRY~~
 STREET ADDRESS ~~125 WILDER RD~~
 CITY-ST-ZIP ~~LAKE LAND FL~~ ☒ Delete

TITLE SD
 NAME KEMP, NORMA S
 STREET ADDRESS 13252 NE 26TH AVE
 CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE ~~TD~~
 NAME ~~KEMP, JIMMY L~~
 STREET ADDRESS ~~13252 NE 26TH AVE~~
 CITY-ST-ZIP ~~OKEECHOBEE FL~~ ☒ Delete

TITLE ~~VPD~~
 NAME ~~SLONE, BILL~~
 STREET ADDRESS ~~820 ARIETTA CIRCLE~~
 CITY-ST-ZIP ~~AUBURNDALE FL 33829~~ ☒ Delete

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 VPD
 NAME Kemp, Jimmy L
 STREET ADDRESS 13252 NE 26th Ave.
 CITY-ST-ZIP Okeechobee, Fl. 34973 ☐ Change ☒ Addition

TITLE TD
 NAME Kemp, Norma S.
 STREET ADDRESS 13252 NE 26th Ave.
 CITY-ST-ZIP Okeechobee, Fl. 34973 ☐ Change ☒ Addition

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:

Norma S. Kemp

7/1/2001

863-467-7650

CR2E037 (10/00)