

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90151-043-\$61.25-\$61.25

DOCUMENT # N97000006400

1. Entity Name

P.K. YONGE SPORTS BOOSTERS, INC.

Principal Place of Business

1090 S.W. 11TH ST.
GAINESVILLE FL 32607

Mailing Address

1090 S.W. 11TH ST.
GAINESVILLE FL 32607

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

59-2938912

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MACK
1080 S.W. 11TH ST.
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name ~~Ed Poppel~~ Teresa Kraus

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

1080 SW 11 Street

City

Gainesville

FL

Zip Code

32607

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

Teresa L. Kraus

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-8-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	D	WILLIAMS, MACK	<input checked="" type="checkbox"/> Delete
NAME		4107 S.W. 96TH DR.	
STREET ADDRESS		GAINESVILLE FL 32608	
CITY-ST-ZIP			
TITLE	D	NILON, JINN	<input checked="" type="checkbox"/> Delete
NAME		4701 N.W. 16TH PLACE	
STREET ADDRESS		GAINESVILLE FL 32605	
CITY-ST-ZIP			
TITLE	D	JACKSON, DELPHINE	<input checked="" type="checkbox"/> Delete
NAME		P.O. BOX 12827	
STREET ADDRESS		GAINESVILLE FL 32604	
CITY-ST-ZIP			
TITLE	D	MCTAW, MARVIN J	<input checked="" type="checkbox"/> Delete
NAME		4915 N.W. 28TH TERR.	
STREET ADDRESS		GAINESVILLE FL 32605	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Ed Poppel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6125 NW 58 PI	
STREET ADDRESS		Gainesville, FL 32653	
CITY-ST-ZIP			
TITLE		Lynne Mercadante	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3602 SW 84 ST	
STREET ADDRESS		Gville, FL 32608	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:

Lynne Mercadante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/7/00 352/338-2190

Daytime Phone #

CR2E037 (5/00)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT -4 AM 8:43



DO NOT WRITE IN THIS SPACE