

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000001373**1. Entity Name
NORTHWEST BROWARD YOUTH FOOTBALL LEAGUE, INC.Principal Place of Business
P.O. BOX 935198
MARGATE FL 330935198Mailing Address
P.O. BOX 935198
MARGATE FL 330935198

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
65-0818607Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**EDWORTHY BELINDA
6720 NW 6TH ST.

MARGATE FL 33063 US

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 _____ 05/03/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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 | T | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | EDWORTHY BELINDA | | | NAME | | | |
| STREET ADDRESS | 6720 NW 6TH ST. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MARGATE FL 33063 | | | CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GARCIA SUE | | | NAME | PAGE TAMIKA | | |
| STREET ADDRESS | 2130 NW 68 AVE | | | STREET ADDRESS | 4963 SW 4TH STREET | | |
| CITY-ST-ZIP | MARGATE FL 33063 | | | CITY-ST-ZIP | MARGATE FL 33068 | | |
| TITLE | DTC | <input type="checkbox"/> Delete | | TITLE | DC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CLANCY WILLIAM | | | NAME | PAGE THOMAS | | |
| STREET ADDRESS | 5935 NW 72 CT | | | STREET ADDRESS | 4963 SW 4TH STREET | | |
| CITY-ST-ZIP | PARKLAND FL 33067 | | | CITY-ST-ZIP | MARGATE FL 33068 | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | EDWORTHY DALE | | | NAME | TRAUSCHT SCOTT | | |
| STREET ADDRESS | 6720 NW 6 ST | | | STREET ADDRESS | 4963 SW 4TH STREET | | |
| CITY-ST-ZIP | MARGATE FL 33063 | | | CITY-ST-ZIP | MARGATE FL 33068 | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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)(f), 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: SCOTT TRAUSCHT P 05/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)