

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91392 015 ****61.25

DOCUMENT # N98000002091

1. Entity Name

MID FLORIDA YOUTH SPORTS ORGANIZATION, INC.



Principal Place of Business

**1587 TWELVE CIRCLE
KISSIMMEE FL 34744-6243**

Mailing Address

**1587 TWELVE CIRCLE
KISSIMMEE FL 34744-6243**

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 **59-3513318**

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

**BARNARD, BRUCE A
1587 TWELVE CIRCLE
KISSIMMEE FL 34744-6243**

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. I am familiar with, and accept the obligations of registered agent. *(No CHANGE)*

SIGNATURE

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

BRUCE A. BARNARD
(NOTE: Registered Agent signature required when reinstating)

4-24-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | BARNARD, BRUCE | |
| STREET ADDRESS | 1587 TWELVE OAKS CIRCLE | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | |
| TITLE | PSD | <input type="checkbox"/> Delete |
| NAME | ALDRICH, BRENDA | |
| STREET ADDRESS | 1995 MAGUIRE RD | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | ALDRICH, JERRY | |
| STREET ADDRESS | 1995 MAGUIRE RD | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| 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 | | |

| | | |
|----------------|--|---|
| 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 | | |
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| 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: *Bruce A. Barnard* **BRUCE A. BARNARD** *4-24-03* **407-847-2899**

CR2E037 (10/02)