

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006203

1. Entity Name

SHALIMAR YOUTH FOOTBALL, INC.

Principal Place of Business

86 MEIGS DR.
SHALIMAR FL 32579

Mailing Address

86 MEIGS DR.
SHALIMAR FL 32579-2200

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

59-3507106

Applied For

Not Applied For

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

PLEAT, DAVID B
4477 LEGENDARY DR., S-202
DESTIN FL 32541

Name

James C. Campbell

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

#4 11th Avenue, Suite 2

City

Shalimar

FL

Zip Code
32579

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.

James C. Campbell

(NOTE: Registered Agent signature required when reinstating)

2/2/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FITZGERALD, ROBERT P
86 MEIGS DR.
SHALIMAR FL 32579 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DENSMORE, TED
797 BLVD. OF CHAMPIONS
SHALIMAR FL 32579 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GROAT, SCOTT
97 MEIGS DR.
SHALIMAR FL 32579 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Add

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☐ Change ☐ Add

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:

Robert P. Fitzgerald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 26, 2000 651-8697

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90028 046 ****61.25

00010400



DO NOT WRITE IN THIS SPACE