

2001 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

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 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

CAMPBELL, JAMES C
#4 11TH AVE SUITE 2
SHALIMAR FL 32579

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FITZGERALD, ROBERT P	
STREET ADDRESS	86 MEIGS DR.	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DENSMORE, TED	
STREET ADDRESS	797 BLVD. OF CHAMPIONS	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GROAT, SCOTT	
STREET ADDRESS	97 MEIGS DR.	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAMPBELL, JIMMY	
STREET ADDRESS	4, 11TH AVE., STE 2	
CITY-ST-ZIP	SHALIMAR FL 32579	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 DEC 00

850-651-8697

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90093 018 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)