

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006770

1. Entity Name

YOUTH RECREATION ASSOCIATION OF HOBE SOUND, INC.

(R)

FILED
Sep 06, 2000 8:00 am
Secretary of State

08-21-2000 90210 027 ****61.25

Principal Place of Business

7407 SE HILL TERRACE
HOBE SOUND FL 33455

Mailing Address

7407 SE HILL TERRACE
HOBE SOUND FL 33455

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 65-0881866

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

SOPKO, JAMES
2307 SE MONTEREY ROAD
STUART FL 34998

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME WHITFIELD, RICHARD
STREET ADDRESS 5413 SE MEREDITH TERR.
CITY-ST-ZIP STUART FL 34997

TITLE ☒ Change ☐ Addition
NAME 5413 S. E. MEREDITH TERR.
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CALLOWAY, DAN
STREET ADDRESS P.O. BOX 753
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☒ Change ☐ Addition
NAME 7407 S.E. HILL TERRACE
STREET ADDRESS HOBE SOUND, FL. 33455
CITY-ST-ZIP

TITLE ☒ Delete
NAME HARRIS, WILLY
STREET ADDRESS 908 EAST 9TH STREET
CITY-ST-ZIP STUART FL 34994

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

TITLE ☐ Delete
NAME HARRIS, WILLY
STREET ADDRESS 908 EAST 9TH STREET
CITY-ST-ZIP STUART, FLA, 34994

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-548-8705

CR2E037 (5/00)