

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


FILED

03 JUN 13 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000006891*

1. Entity Name
*ORANGE BELT YOUTH FOOTBALL FEDERATION
INC.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~ORANGE COUNTY~~
Suite, Apt. #, etc.
P.O. BOX 616332

3. Mailing Address
P.O. BOX 616332
Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

Zip
32861-6332

Country
USA

Zip
32861-6332

Country
USA

REINSTATEMENT *W-03*

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *ISAIAH C. CHARLTON III*

Street Address (P.O. Box Number is Not Acceptable)
580 WILMER AVE. SUITE C

City *ORLANDO* FL Zip Code *32808*

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.

SIGNATURE *Isiah C. Charlton III* DATE *6-2-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P ISAIAH C. CHARLTON III 580 WILMER AVE. STE. C ORLANDO, FL. 32808</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>500020975955 06/18/03--01058--006 **428.75</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V JOE ROBBINS 41300 DIXIE AVE MATILLA, FL 32784</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T MIKE STIRFIELD 21829 ROLLINGWOOD TRL EUSTIS, FL 32736</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S VANESIA ANDERSON 1821 WASHINGTON BLVD. MT. DORA, FL. 32757</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE *Isiah C. Charlton III* DATE *6-2-03* 321-689-9016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)