## NOT-FOR-FIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N/980000689/
1. Entity Name
ORANGE BELT YOUTH FOOTBALL FEBERATION
(NC)

SIGNATUR



FILED

03 JUN 13 PM 2: 04

SECRETARY OF STATE FALLAHASSEE, FLORIDA

	DO NOT WRITE	IN THIS SPA	CE										
Principal Place of Business     3. Mailing Address     7. Address			z renstatinent w-03										
### P. O. Box 6/63.  Suite, Apt. #, etc.  Suite, Apt. #, etc.			<i></i>		かなりはicostVSだestを O NOT WRITE IN THIS SF								
P.O.Z	Suite, Apt. #, etc. P, O. Box 6/6332  Suite, Apt. #, etc.			١	O NOT WHITE IN THIS SE	ACE							
ORLANDO, FLORIDA City & State ORLANDO, FLORIDA				4. FEI Number Applied For Not Applicable									
3286	1-6332 Country 1-6332 USA	32861-6332 G	COUNTRY CLSPA	5. Certificate of State		8.75 Additional se Required							
				7. Name and Address	s of Current Registered /	\gent							
DO NOT WRITE IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable)  580 WILMER AVE; SUITE C										
							ه د٠.			CHYORLANDO FL 72808			
							8. The above	named entity submits this statement fo	or the purpose of changing its regist			e state of Florida. I am fan	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
	FEE IS \$61.25 Initial or Amended UBR	9. Election Campaigr Trust Fund Contrib	·	\$5.00 May Be Added to Fees	Make Check I Florida Departn								
TITLE	OFFICERS AND DI		ITLE			1							
NAME	NAME ISAIAH C. CHARLTON III			ME 500020975955 RECTADORESS 06/18/0301038006 **428.75									
STREET ADDITIONES DO WITHER FIVE. STE.													
CITY-ST-ZIP	ORLANDO, FL. 3280		ITY-ST-ZIP	····		<u> </u>							
TITLE NAME	TOF ROBBINS		AME	*	1	<b>業準年∠の。()</b>							
STREET ADDRESS	TOE ROBBINS 4/300 BIXIE AVE	s	TREET ADDRESS		# 1 								
CITY-ST-ZIP	WMATILLA, FL 32784		ITY-ST-ZIP										
title Name	MIKE STIRFIELD		ITLE Ame			,							
STREET ADDRESS	21829 ROLLINGWOOD	TRL	TREET ADDRESS	50.4									
CITY-ST-ZIP	P 605715, EL 32736		ITY-ST-ZIP	DO NOT WRITE									
TITLE	VANESIA ANDERSON	. п	TLE .	IN T	HIS SPAC	Ė							
NAME STREET ADDRESS	1821 WASHINGTON B	LUD,	AME Treet address	114 11		<u> </u>							
CITY-ST-ZIP	1821 WASHINGTON BO MT. DORA, Pl, 32	<i>75</i> 7 a	ITY-ST-ZIP		<b>1</b>	<i>i</i>							
TITLE	, , , , , , , , , , , , , , , , , , ,		TLE										
NAME			AME			.							
STREET ADDRESS CITY-ST-ZIP			TREET ADDRESS		# 1 # 1 P 1								
TITLE			TLE		<u> </u>								
NAME			AME										
STREET ADDRESS			REET ADDRESS			i							
CITY-ST-ZIP	NE H AH LE		TY-ST-ZIP		<u> </u>	<u>"</u> :							
indicated of the cor attachmer	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee entr nt with an address, with all other like on	this filling does not qualify for the ex- true and accurate and that my sign lowered to execute this report as re applyaged.	kemption stated in So nature shall have the equired by Chapter 6	ection 119.07(3)(i), Florid same legal effect as if m 617, Florida Statutes; and	la Statutes. I further certify lade under oath; that I am d that my name appears i	that the information an officer or director n Block 10 or on an							