

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007038

1. Entity Name

SPIRIT OF YOUTH BASEBALL, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90024 033 ****61.25

Principal Place of Business

442 10TH AVENUE
VERO BEACH FL 32962

Mailing Address

442 10TH AVENUE
VERO BEACH FL 32962-1531

2. Principal Place of Business

3. Mailing Address

P.O. Box 690372

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FLORIDA

Zip

Country

32969

Country

USA

4. FEI Number

65-0882096

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

POLACKWICH, ALAN S SR.
3333 20TH STREET
VERO BEACH FL 32960

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIAZ, REBECCA	
STREET ADDRESS	7481 N 16TH MANOR	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEWIS, ROY	
STREET ADDRESS	665 32ND CT SW	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KING, DAVID	
STREET ADDRESS	442 10TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D.S.	<input type="checkbox"/> Delete
NAME	KING, GERRY	
STREET ADDRESS	442 10TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCCORMICK, BEVERLY	
STREET ADDRESS	655 11TH ST	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUST, GARY	
STREET ADDRESS	405 33RD AVE SW	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES MADDENS	
STREET ADDRESS	790 9TH PLACE	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE MADDENS	
STREET ADDRESS	790 9TH PLACE	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK LEHR	
STREET ADDRESS	123 19TH CIRCLE S.W.	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET RYAN	
STREET ADDRESS	221 6TH DR. S.W.	
CITY-ST-ZIP	VERO BEACH, FL 32962	
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: *GARY RUST* TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

561-567-1151

Daytime Phone #

CR2E037 (9/99)