

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90257 042 \*\*\*\*61.25

**DOCUMENT # N99000002955**

1. Entity Name

**EUSTIS JUNIOR FOOTBALL LEAGUE, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 193  
 EUSTIS FL 32727-0193

P. O. BOX 193  
 EUSTIS FL 32727-0193

2. Principal Place of Business

**114 W Seminole Ave**

3. Mailing Address

**114 W Seminole Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3577295**

Applied For

Not Applicable

Zip

**32726**

Country

Zip

**32726**

Country

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

**MCPHERSON, REBECCA**

**1202 N. DONNELLY ST.**

**MT. DORA FL 32757**

**2290 S. Bay St**

**Eustis, FL 32726**

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

*Rebecca McPherson 3-21-01*

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	MCPHERSON, REBECCA	President
STREET ADDRESS	1202 N. DONNELLY ST.	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAUNDERS, JOHNNIE	
STREET ADDRESS	114 W. SEMINOLE AVE.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WINKLER, ALLEN	
STREET ADDRESS	43832 COOTER POND DR.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, ERIN	
STREET ADDRESS	P. O. BOX 193	
CITY-ST-ZIP	EUSTIS FL 32727-0193	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McPherson, Rebecca	President
STREET ADDRESS	2290 S Bay St	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnnie Saunders	V. President
STREET ADDRESS	114 W. Seminole Ave	
CITY-ST-ZIP	Eustis FL 32726	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, ERIN	Treasurer
STREET ADDRESS	P.O. Box 193	
CITY-ST-ZIP	Eustis, FL 32727	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daren Moore	Secretary
STREET ADDRESS	P.O. Box 193	
CITY-ST-ZIP	Eustis, FL 32726	
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:

*Rebecca McPherson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/21/01**

Daytime Phone #

**352-357-1171**

CR2E037 (10/00)