

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003115

1. Entity Name

NORTH FLORIDA YOUTH SPORTS FOUNDATION, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90066 014 \*\*\*\*61.25

Principal Place of Business

ROUTE 13, BOX 436  
LAKE CITY FL 32055

Mailing Address

ROUTE 13, BOX 436  
LAKE CITY FL 32055-9012

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1302

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE CITY FL.

4. FEI Number

31-1655512

Applied For

Not Applicable

Zip

Country

Zip

Country

32056

COLUMBIA

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

NORRIS, GUY W  
201 NORTH MARION STREET, SUITE 301  
LAKE CITY FL 32055

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 ☐ Delete  
NAME WHITAKER, ROBERTA  
STREET ADDRESS PO BOX 1302  
CITY-ST-ZIP LAKE CITY FL 32056

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

TITLE ☐ Delete  
NAME POWELL, RICHARD  
STREET ADDRESS 2585 SOUTH FIRST STREET  
CITY-ST-ZIP LAKE CITY FL 32025

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

TITLE ☐ Delete  
NAME NORRIS, GUY W  
STREET ADDRESS ROUTE 13, BOX 439  
CITY-ST-ZIP LAKE CITY FL 32055

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

TITLE ☐ Delete  
NAME WIGGINS, DALE  
STREET ADDRESS 15469 61ST ROAD  
CITY-ST-ZIP WELLBORN FL 32084

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

TITLE ☐ Delete  
NAME MOSES, JIM  
STREET ADDRESS ROUTE 15, BOX 3089  
CITY-ST-ZIP LAKE CITY FL 32024

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

TITLE ☐ Delete  
NAME STEEN, CATHY  
STREET ADDRESS 3110 KENSINGTON PLACE  
CITY-ST-ZIP HIGH SPRINGS FL 32643

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:

ROBERTA F. WHITAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 11, 2000

Daytime Phone #

CR2E037 (9/99)