

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90117 002 \*\*\*\*61.25

**DOCUMENT # N99000003115**

1. Entity Name

**NORTH FLORIDA YOUTH SPORTS FOUNDATION, INC.**



Principal Place of Business

**ROUTE 13, BOX 436  
LAKE CITY FL 32055**

Mailing Address

**P.O BOX 1302  
LAKE CITY FL 32056**

2. Principal Place of Business

**Route 13 Box 331-31**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Lake City FL**

City & State

Zip

**32055**

Country

**USA**

Country

4. FEI Number **31-1655512**

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

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ 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 **D** ☐ 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 **D** ☐ 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 **D** ☒ Delete  
NAME **MEEKS, ROB**  
STREET ADDRESS **RT. 13 BOX 436**  
CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE **D** ☐ 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 **D** ☐ Delete  
NAME **KIRKLAND, LORRAINE**  
STREET ADDRESS **RT 13 BOX 366**  
CITY-ST-ZIP **LAKE CITY FL 32055**

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** **Roberta F. Whitaker 2-7-03 3867521419**

CR2E037 (10/02)