

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005240

1. Entity Name

SPORTS/EDUCATION YOUTH FOUNDATION, INC.

Principal Place of Business

3026 CARA STREET
PALM HARBOR FL 34684

Mailing Address

3026 CARA STREET
PALM HARBOR FL 34684

2. Principal Place of Business

1640 BEAR CROSSING

3. Mailing Address

1640 BEAR CROSSING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APOPKA

APOPKA FL

City & State

City & State

FL

Zip 32703

Country USA

Zip 32703

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3595935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANSEN, DIANE
3026 CARA COURT
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

FRED W HOUSER

Street Address (P.O. Box Number is Not Acceptable)

1640 BEAR CROSSING CR

City

APOPKA, FL 32703

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 VP
NAME HANSEN, DIANE
STREET ADDRESS 3026 CARA STREET
CITY-ST-ZIP PALM HARBOR FL 34684 ☒ Delete

TITLE TRES.
NAME FRED W HOUSER
STREET ADDRESS 1640 BEAR CROSSING CR
CITY-ST-ZIP APOPKA, FL 32703 ☐ Change ☒ Addition

TITLE D
NAME HELMOUTH, AUDREY
STREET ADDRESS 2010 KANSAS AVENUE NE
CITY-ST-ZIP SAINT PETERSBURG FL 33703 ☐ Delete

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

TITLE D
NAME WELLS, LINDA
STREET ADDRESS 17510 ISBELL LANE
CITY-ST-ZIP ODESSA FL 33556 ☐ Delete

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

TITLE D
NAME FAHEY, TREVOR
STREET ADDRESS 7629 BAYHILL COURT
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/02

Date

Daytime Phone #

CR2E037 (9/01)