

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006031

1. Entity Name

BRONSON YOUTH LEAGUE, INC.

Principal Place of Business

BRONSON RECREATION PARK
ALT C-RD 24
BRONSON FL 32621

Mailing Address

POST OFFICE BOX 553
BRONSON FL 32621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3602411

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

ARTERS, CHRIS
12351 SE 72TH ST
MORRISTON FL 32668

Name

Arters, Chris

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

12351 SE 70th St.

City

Morrison

FL

Zip Code

32668

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

TITLE P
NAME DURDEN, JIMMY ☒ Delete
STREET ADDRESS 3852 E COUNTRY ROAD 326
CITY-ST-ZIP GULF HAMMOCK FL 32639

TITLE V
NAME ARTERF, CHRIS ☐ Delete
STREET ADDRESS 12351 SE 70TH ST
CITY-ST-ZIP MORRISTON FL 32668

TITLE S
NAME SEADER, KATHY ☐ Delete
STREET ADDRESS 10870 NE 109TH ST
CITY-ST-ZIP ARCHER FL 32618

TITLE D
NAME SCHEFFIELD, KEN ☒ Delete
STREET ADDRESS 1651-NE-124-TERR
CITY-ST-ZIP WILLISTON FL 32696

TITLE D
NAME GOESS, JAN ☐ Delete
STREET ADDRESS 5591 NW 103RD TERR
CITY-ST-ZIP BRONSON FL 32621

TITLE D
NAME ARTERF, TINA ☒ Delete
STREET ADDRESS 12351 SE 70TH ST
CITY-ST-ZIP MORRISTON FL 32668

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V
NAME Gerry Seader ☐ Change ☒ Addition
STREET ADDRESS 10870 NE 109th st
CITY-ST-ZIP Archer, FL 32618

TITLE P
NAME ARTERF, CHRIS ☒ Change ☐ Addition
STREET ADDRESS 12351 SE 70th st
CITY-ST-ZIP morriston, FL 32668

TITLE D
NAME Seader, Kathy ☒ Change ☐ Addition
STREET ADDRESS 10870 NE 109th st
CITY-ST-ZIP Archer FL 32618

TITLE T
NAME Box, Tammy ☐ Change ☒ Addition
STREET ADDRESS 5390 NE 106th Ct
CITY-ST-ZIP Bronson, FL 32261

TITLE S
NAME O'Neal, Pam ☐ Change ☒ Addition
STREET ADDRESS 7831 NE 111th st
CITY-ST-ZIP Bronson, FL 32261

TITLE D
NAME Russell, Dennis ☐ Change ☒ Addition
STREET ADDRESS 5390 NE 106th Ct
CITY-ST-ZIP Bronson, FL 32261

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 REQUIRED~~

Chris Arters 1/29/01 352-465-5988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90207 001 ****61.25

02-02-2001 90207 002 *****8.75

24517



DO NOT WRITE IN THIS SPACE