

2000 UNIFORM BUSINESS REPORT, (UBR)

9/15/00-90001-026-\$61.25-\$61.25

DOCUMENT # N99000006963

1. Entity Name

MAGIC YOUTH ORGANIZATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 28 PM 3:20

Principal Place of Business

2430 EGON CIR. #106
ORLANDO FL 32817

Mailing Address

2430 EGON CIR. #106
ORLANDO FL 32817

2. Principal Place of Business

1604 White Dove Drive

3. Mailing Address

1604 White Dove Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs

City & State

Winter Springs

Zip

32708

Country

US

Zip

32708

Country

US

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, RONALD
2498 EGON CIR. #106
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name Timothy Heberling Lee Shields

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

1604 White Dove Drive

6248 Abelia Drive

City Winter Springs

FL

Zip Code 32708

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.

32708

SIGNATURE

[Signature]

09/10/00

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
After September 13, 2000 min. will be \$236.25

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 checked="" type="checkbox"/> Delete
NAME	ELLIS, RONALD	
STREET ADDRESS	2498 EGON CIR. #106	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOLEY, JOHN	
STREET ADDRESS	6103 CRYSTAL VIEW DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARRIEAU, JERRY	
STREET ADDRESS	1290 OAKFORD PLACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHIELDS, LEE	
STREET ADDRESS	1604 WHITE DOVE DR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32078	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Heberling	
STREET ADDRESS	6248 Abelia Drive	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred Mehrer	
STREET ADDRESS	134 Oakland Hills Ct.	
CITY-ST-ZIP	Orlando, FL 32828	
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		
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/00

Date

407 366 5399

Daytime Phone #

CR2E037 (5/00)