

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90701 002 ****61.25

DOCUMENT # N99000006963

1. Entity Name

MAGIC YOUTH ORGANIZATION, INC.

Principal Place of Business

Mailing Address

**1604 WHITE DOVE DRIVE
 WINTER SPRINGS FL 32708**

**1604 WHITE DOVE DRIVE
 WINTER SPRINGS FL 32708**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

238 CELEBRATION BLVD

PO Box 690426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CELEBRATION

ORLANDO

City & State

City & State

FL 34747

FL

Zip

Country

34747

OSCEOLA

Zip

Country

34747

ORANGE

4. FEI Number

NOT APPLICABLE

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

Name

ROONEY OWENS

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

238 CELEBRATION BLVD

City

CELEBRATION

FL

Zip Code

34747

SHIELDS, LEE

1604 WHITE DOVE DRIVE

WINTER SPRINGS FL 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.

SIGNATURE

ROONEY OWENS

DIA.

Rooney Owens

4/30/02

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 **PD** ☐ Delete
 NAME **HEBERLING, TIMOTHY**
 STREET ADDRESS **6248 ABELIA DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **ROO OWENS**
 STREET ADDRESS **238 CELEBRATION BLVD**
 CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE **VD** ☒ Delete
 NAME **FOLEY, JOHN**
 STREET ADDRESS **6103 CRYSTAL VIEW DR.**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **SD** ☐ Delete
 NAME **BARRIEAU, JERRY**
 STREET ADDRESS **1290 OAKFORD PLACE**
 CITY-ST-ZIP **OVIEDO FL 32765**

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

TITLE **TD** ☐ Delete
 NAME **SHIELDS, LEE**
 STREET ADDRESS **1604 WHITE DOVE DR.**
 CITY-ST-ZIP **WINTER SPRINGS FL 32078**

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

TITLE **SD** ☐ Delete
 NAME **MEHRER, FRED**
 STREET ADDRESS **134 OAKLAND HILLS CT**
 CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **ROONEY OWENS** **REQUIRED** **Rooney Owens** **4/30/02** **407 679 1525**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)