

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

FILED
Aug 28, 2003 8:00 am
Secretary of State

0005206

DOCUMENT # N99000006963

1. Entity Name

MAGIC YOUTH ORGANIZATION, INC.



Principal Place of Business

**238 CELEBRATION BLVD
CELEBRATION FL 34747**

Mailing Address

**P.O. BOX 690426
ORLANDO FL 34747**

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 **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

**OWENS, RODNEY
238 CELEBRATION BLVD
CELEBRATION FL 34747**

Name

Tim Heberling

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

5248 Abelia Dr

City

Orlando

FL

Zip Code

32819

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

T.G. Heberling

Tim Heberling

8-21-03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	HEBERLING, TIMOTHY	
STREET ADDRESS	6248 ABELIA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FOLEY, JOHN	
STREET ADDRESS	6103 CRYSTAL VIEW DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARRIEAU, JERRY	
STREET ADDRESS	1290 OAKFORD PLACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHIELDS, LEE	
STREET ADDRESS	1604 WHITE DOVE DR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32078	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MEHRER, FRED	
STREET ADDRESS	134 OAKLAND HILLS CT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OWENS, ROD	
STREET ADDRESS	238 CELEBRATION BLVD	
CITY-ST-ZIP	CELEBRATION FL 34747	

TITLE	Randy Wheeler (VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4324 Neko Court	
STREET ADDRESS	Orlando, FL 32829	
CITY-ST-ZIP		
TITLE	Vinnie Bernet (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13380 S.W. 6 Place	
STREET ADDRESS	Dania, FL 33325	
CITY-ST-ZIP		
TITLE	Joe DeFazio (LT)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	104 Monte Drive	
STREET ADDRESS	Kissimmee, FL 34743	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-295-6759

8-21-03

Date Daytime Phone #

CR2E037 (4/03)