

2001 UNIFORM BUSINESS REPORT (UBR)

6/8/1

FILED
Aug 22, 2001 8:00 am
Secretary of State

06-08-2001 90007 004 ***150.00

DOCUMENT # P00000070735

1. Entity Name

CENTRAL FLORIDA YOUTH SPORTS, INC.

Principal Place of Business

331 SOUTH FIRST ST
LAKE WALES FL 33853

Mailing Address

331 SOUTH FIRST ST
LAKE WALES FL 33853

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

593664971

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

CALIGUIRE, JODY
331 SOUTH FIRST ST
LAKE WALES FL 33853

Name

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

City

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

(NOT)

Registered Agent's signature required when reinstating

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CALIGUIRE, JODY	
STREET ADDRESS	331 SOUTH FIRST ST	
CITY-ST-ZIP	LAKE WALES/FL 33853	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BURGESS, JOSEPH L III	
STREET ADDRESS	645 N FEDERAL HWY #300	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TURNER, MARK L	
STREET ADDRESS	655 LORRAINE CIRCLE	
CITY-ST-ZIP	LAKE WALES/FL 33853-4835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

7/1/01

Date

863-676-3633

Daytime Phone #

CR2E034 (10/00)