

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

04-23-2002 90374 004 ****61.25

DOCUMENT # N12481

1. Entity Name

EAST CITRUS YOUTH FOOTBALL CONFERENCE, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 2933
 INVERNESS FL 32651-2933

P.O. BOX 2933
 INVERNESS FL 34451-2933
 US

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

59-3087183

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

WATSON, KOLLEYNE
8200 SUNRAY LANE
FLORAL CITY FL 34438

Name

Wayne Paquette

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

9918 E St Regis Ct

City

Inverness

FL

Zip Code

34450

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

Wayne Paquette T

Wayne Paquette

5/28/02

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: **BENDER, SCOTT**
 STREET ADDRESS: **7318 E GOSPEL ISLAND RD**
 CITY-ST-ZIP: **INVERNESS FL 34450**

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

TITLE: **SD** Delete
 NAME: **WATSON, KOLLEYNE**
 STREET ADDRESS: **8200 SUNRAY LANE**
 CITY-ST-ZIP: **FLORAL CITY FL 34438**

TITLE: **IS** Change Addition
 NAME: **IGLESIAS'S, HENRY**
 STREET ADDRESS: **6304 E URBAN LANE**
 CITY-ST-ZIP: **FLORAL CITY, FL 34436**

TITLE: **VPD** Delete
 NAME: **DOWNING, DAWN**
 STREET ADDRESS: **2161 BORDER AVENUE**
 CITY-ST-ZIP: **INVERNESS FL 34452**

TITLE: **BY** Change Addition
 NAME: **BYWATER, DIANE**
 STREET ADDRESS: **555 N CORBIN ST**
 CITY-ST-ZIP: **INVERNESS, FL 34453**

TITLE: **VP** Delete
 NAME: **BUDD, LAMAR**
 STREET ADDRESS: **9257 EAST SMOKETREE PLACE**
 CITY-ST-ZIP: **INVERNESS FL 34450**

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

TITLE: **T** Delete
 NAME: **BELLAMY, TERRI**
 STREET ADDRESS: **3126 SOUTH EAGLE TERR**
 CITY-ST-ZIP: **INVERNESS FL 34450**

TITLE: **T** Change Addition
 NAME: **PAQUETTE, WAYNE**
 STREET ADDRESS: **9918 E ST REGIS CT**
 CITY-ST-ZIP: **INVERNESS, FL 34450**

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VP** Change Addition
 NAME: **D'AMBROSIO, VICENT M**
 STREET ADDRESS: **3229 E GLEN ST**
 CITY-ST-ZIP: **INVERNESS, FL 34453**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Wayne Paquette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 352-637-3298

Date Daytime Phone #

CR2E037 (9/01)