

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717230

1. Entity Name

TAMPA BAY YOUTH FOOTBALL LEAGUE, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90038 035 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3901 GEORGE ROAD POST OFFICE BOX 22591 TAMPA FL 33622 US	Mailing Address 3901 GEORGE ROAD POST OFFICE BOX 22591 TAMPA FL 33622-2591 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 23-7117945	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RODGERS, KAMP
10204 EXPLORER CT
TAMPA FL 33615

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODGERS, KAMP	
STREET ADDRESS	10204 EXPLORER CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRISON, LINDA	
STREET ADDRESS	7305 LAS FLORES CT	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, SYLVIA	
STREET ADDRESS	5409 HOPEDALE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	QUEEN, STEVE	
STREET ADDRESS	8921 PIONISE DR	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEYS, JEFF	
STREET ADDRESS	8317 ENDIRE AVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEVINSON, SCOTT	
STREET ADDRESS	4809 WYNWOOD	
CITY-ST-ZIP	TAMPA FL 33615	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: *Scott Levinson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
 DATE Daytime Phone #

CR2E037 (9/99)