

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90004 035 \*\*\*\*61.25

**DOCUMENT # 717230**

1. Entity Name

**TAMPA BAY YOUTH FOOTBALL LEAGUE, INC.**

**LA**

Principal Place of Business

Mailing Address

3901 GEORGE ROAD  
 POST OFFICE BOX 22591  
 TAMPA FL 33622  
 US

3901 GEORGE ROAD  
 POST OFFICE BOX 22591  
 TAMPA FL 33622  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7117945**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RODGERS, KAMP**  
**10204 EXPLORER CT**  
**TAMPA FL 33615**

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.

(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	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, SYLVIA	
STREET ADDRESS	5409 HOPEDALE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input checked="" 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	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Levinson	
STREET ADDRESS	4809 Wynwood	
CITY-ST-ZIP	Tampa FL 33615	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Harrison	
STREET ADDRESS	7913 SINGING CT	
CITY-ST-ZIP	Tampa FL 33615	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhonda Martin	
STREET ADDRESS	11308 Partridge Dr	
CITY-ST-ZIP	Tampa FL 33625	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Cummings Wiley	
STREET ADDRESS	819 JACARANDA DR.	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Keys	
STREET ADDRESS	6317 Endire Ave	
CITY-ST-ZIP	Tampa FL 33619	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom O'Donnell	
STREET ADDRESS	4937 Burke St	
CITY-ST-ZIP	Tampa FL 33615	

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]* **SIGNATURE REQUIRED**

5/1/01

CR2E037 (10/00)