

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 717230

1. Entity Name

TAMPA BAY YOUTH FOOTBALL LEAGUE, INC.

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90694 014 \*\*\*\*61.25

0076686

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 US
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DO NOT WRITE IN THIS SPACE

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 23-7117945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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: Linda Harrison  
 Street Address (P.O. Box Number is Not Acceptable): 7913 Singing Ct  
 City: Tampa FL Zip Code: 33615

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: Linda Harrison, Treasurer (Signature, typed or printed name of registered agent and title if applicable)  
 Linda Harrison 6/1/02 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State -
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUMMINGS WILEY, CINDY 819 JACARANDA DRIVE OLDSMAR FL 34677 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRISON, LINDA 7913 SINGING CT TAMPA FL 33615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ODONNELL, TOM 4937 BUEKEST TAMPA FL 33615 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, RHONDA 11308 PARTRIDGE DRIVE TAMPA FL 33626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEYS, JEFF 8317 ENDIRE AVE TAMPA FL 33619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVINSON, SCOTT 4809 WYNWOOD TAMPA FL 33615 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Doug Martin 11308 Partridge Dr Tampa FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda Harrison (Signature and typed name of signing officer or director)  
 6/1/02 813-348-7709 (Date and Telephone Number)

CR2E037 (9/01)