## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 717230**

## TAMPA BAY YOUTH FOOTBALL LEAGUE, INC.

## FILED Jun 16, 2002 8:00 am Secretary of State 06-16-2002 90694 014 \*\*\*\*61.25

Principal Place of Business		Mailing Address									
3901 GEORGE ROAD POST OFFICE BOX 22591 TAMPA FL 33622 CUS		3901 GEORGE ROAD POST OFFICE BOX 22591 TAMPA FL 33622 US				 	11 <b>8</b> 44 4 <b>8818</b> 12 <b>888</b> 12812	EE() E1811 E1811 E1813 E2811	Brail Gláis 1645		
2. Principal Place of Business		3. Mailing Address			- 1,000,000,000,000,000						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & Stat	· .		4. FEI Number 23-7117945			Applied For	7		
Zip	T	Country	Zip		Country		5. Certificate of		\$8.75		
	6. Name	and Address of Current I	Registered Agen		<del></del>		7. Name and Ad		— ⊢ee Requ	ired	<u> </u>
*****				<u> </u>	Name	1	1 1		egistered Agent		┥
RODGERS, KAMP 10204 EXPLORER CT TAMPA FL 33615					Street Address (P.O. Box Number is Not Acceptable)						
					City	Tan	1.0%		FL   zipst	3615	
8. The above r	named entity	submits this statement for	the purpose of c	hanging its re	gistered office	or register	ed agent, or both, i	n the state of Flo	rida.	<u> </u>	7
SIGNATURE Lindle Harrise Treasurer Signature, typed or printed name of registered agent and title illepplicable. (NOTE: Register						arre required	nda Wa	viii-		)2_	
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.							7
	ILE NOW:	FEE IS \$61.25					\$5.00 May Be Added to Fees		ke Check Payable epartment of Sta		
10.		OFFICERS AND DIR	Т			<u>.                                    </u>	Added to Fees	D		ite-	
10.	VP	OFFICERS AND DIR	ECTORS		11.  TITLE	<u>.                                    </u>	Added to Fees	D	epartment of Sta	IN 10	(01)
10. TITLE \\ NAME	VP CUMMINGS	OFFICERS AND DIR	ECTORS	rust Fund Cor	11. TITLE NAME	<u>.                                    </u>	Added to Fees	D	epartment of Sta	IN 10	7 (9/01)
10. TITLE VAME STREET ADDRESS 8	VP CUMMINGS 819 JACAR	OFFICERS AND DIRE	ECTORS	rust Fund Cor	11. TITLE NAME STREET ADDRESS	<u>.                                    </u>	Added to Fees	D	epartment of Sta	IN 10	037 (9/01)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUMMINGS	OFFICERS AND DIRE	ECTORS	rust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.                                    </u>	Added to Fees	D	epartment of Sta	IN 10	R2E037 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP CUMMINGS 819 JACAR OLDSMAR F	OFFICERS AND DIR WILEY, CINDY ANDA DRIVE FL 34677	ECTORS	rust Fund Cor	11. TITLE NAME STREET ADDRESS	<u>.                                    </u>	Added to Fees	D	epartment of Sta	IN 10	CR2E037 (9/01)
10. TITLE   VARIABLE	VP CUMMINGS 819 JACAR/ OLDSMAR F TD	OFFICERS AND DIR WILEY, CINDY ANDA DRIVE FL 34677 LINDA	ECTORS	rust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	<u>.                                    </u>	Added to Fees	D	epartment of Sta	IN 10	CR2E037 (9/01)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP T	VP CUMMINGS 819 JACAR OLDSMAR F TD HARRISON, 7913 SINGII TAMPA FL 3	OFFICERS AND DIRI WILEY, CINDY ANDA DRIVE FL 34677 LINDA NG CT	ECTORS	rust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	<u>.                                    </u>	Added to Fees	D	epartment of Sta	IN 10	CR2E037 (9/01)
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	VP CUMMINGS 819 JACAR OLDSMAR F TD HARRISON, 7913 SINGII TAMPA FL 3 VP	OFFICERS AND DIRI WILEY, CINDY ANDA DRIVE -L 34677 LINDA NG CT 13615	ECTORS	Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	A A	Added to Fees	D GES TO OFFICER	epartment of Sta	N 10 Addition	( CR2E037 (9/01)
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TOTY-ST-ZIP TITLE NAME STREET ADDRESS	VP CUMMINGS 819 JACAR OLDSMAR F TD HARRISON, 7913 SINGII TAMPA FL 3 VP ODONNELL, 4937 BUEKE	OFFICERS AND DIRI WILEY, CINDY ANDA DRIVE -L 34677 LINDA NG CT 13615 TOM	ECTORS	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	V.P- Do v.	Added to Fees  DDITIONS/CHANG  Martin  Partrid	DES TO OFFICER	epartment of Sta	N 10 Addition	CR2E037 (9/01)
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indicated on this report or 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 chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if