

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90068 015 \*\*\*\*70.00

LU000-340

**DOCUMENT # 717230**

1. Entity Name  
**TAMPA BAY YOUTH FOOTBALL LEAGUE, INC.**



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**

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  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HARRISON, LINDA  
7913 SINGING 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

**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		

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      5/1/03 813-348-7709

CR2E037 (10/02)