

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

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

0044088

**DOCUMENT # N00000002374**



1. Entity Name  
**YOUNG LION'S YOUTH ORGANIZATION, INC.**

07-31-2003 90072 045 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
**3612 E. MCBERRY ST.  
TAMPA FL 33610**      **3612 E. MCBERRY ST.  
TAMPA FL 33610**



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**      Applied For  
**59-347002-1**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BRYANT, DEXTER SR.  
3612 E. MCBERRY ST.  
TAMPA FL 33610**

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 \_\_\_\_\_  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BRYANT, DEXTER SR.</b>
STREET ADDRESS	<b>3612 E. MCBERRY ST.</b>
CITY-ST-ZIP	<b>TAMPA FL 33610</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BRYANT, CHRISTINE</b>
STREET ADDRESS	<b>3612 E. MCBERRY ST.</b>
CITY-ST-ZIP	<b>TAMPA FL 33610</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SMITH, TAMARA</b>
STREET ADDRESS	<b>5711 TROY CT. #1-107</b>
CITY-ST-ZIP	<b>TAMPA FL 33610</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHAPMAN, BEN</b>
STREET ADDRESS	<b>7802 GARRISON ST.</b>
CITY-ST-ZIP	<b>TAMPA FL 33617</b>
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

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: \_\_\_\_\_      **7-28-03**      **513 231-3807**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (10/02)