## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0000002913 1. Entity Name BRANDON BRONCOS YOUTH FOOTBALL INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 2001 BRANDON FL 33509			POST OFFICE BOX 2001 BRANDON FL 33509					
2. Principal Place of	3. Mailing Address	<del></del>						
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Chata	- <del></del>	0		<u> </u>				
City & State		City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicab			
Zip	Country	Zip		untry	5. Certificate of Statu	40.75		
6. 1	nt Registered Agent	ed Agent		7. Name and Address of New Registered Agent				
•				Name		ومستعمد عدرانيشاون است	************	
CARDWELL, RANDALL 1043 AXLEWOOD CIRCLE				Street Address (P.O. Box Number is Not Acceptable)				
BRANDON FL 33				City		FL	Zip Code	э
<u> </u>	b, typed or printed name of registered age	9. Election	(NOTE: Registere	· ·	\$5.00 May Be Added to Fees	Make Check Departmen		
						Departmen	t or state	·
10.	OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
STREET ADDRESS 1043	WELL, RANDALL ANEWOOD CIRCLE DON FL 33511	☐ Delete	NAM Stre				☐ Change	☐ Addition
TITLE TD CARD STREET ADDRESS 1043	WELL, RANDALL AXLEWOOD CIRCLE	☐ Delete	NAM Stre	E ET ADDRESS		,	Change	☐ Addition
IIILESD _	DON FL 33511	Delete		-ST-ZIP	)	ert sk terketi	: Change - ~	Addition
NAME CANT STREET ADDRESS 1414	Y, JEAN HOLLEMAN DRIVE CO FL 33594	•		E VIC ET ADDRESS 102 -ST-ZIP 3	toria Knott 8 W. Brentndge runden, FC	Drive	-	7
TITLE TD	<u></u>	□ Delete	TITLE	154	anven, ro	1/	Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

NAME

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CHAMBERS, STEVE

VALRICO FL 33594

Valrico fl 33594

DENNEY, JIM

TD

1304 PEACHFIELD DR

1507 CARTER OAKS DR

☐ Delete

Delete

813 681-85//

☐ Change

☐ Addition

☐ Addition

**FILED** 

05-29-2002 93589 020 \*\*\*\*70.00

May 29, 2002 8:00 am Secretary of State