

DOCUMENT # N00000002913				04-19-2004 90344 047 ****61.25	
1. Entity Name BRANDON BRONCOS YOUTH FOOTBALL INC.					
Principal Place of Business POST OFFICE BOX 2001 BRANDON, FL 33509		Mailing Address POST OFFICE BOX 2001 BRANDON, FL 33509			
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 04132004 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARDWELL, RANDALL 1043 AXLEWOOD CIRCLE BRANDON, FL 33511			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					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	CARDWELL, RANDALL		NAME	Cardwell, Randall	
STREET ADDRESS	1043 ANEWOOD CIRCLE		STREET ADDRESS	1043 AXLEWOOD CIRCLE	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	Brandon, FL 33511	
TITLE	PD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	CARDWELL, RANDALL		NAME	DAVID Cyr	
STREET ADDRESS	1043 AXLEWOOD CIRCLE		STREET ADDRESS	506 Desiree Dr.	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	Brandon, FL 33511	
TITLE	SD	☒ Delete	TITLE	SD	☐ Change ☐ Addition
NAME	KUHLMEYER, VICKIE		NAME	Catherine E. Sellars	
STREET ADDRESS	1412 MOSS LADEN CT.		STREET ADDRESS	1712 Chapel Tree Cr #J	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	Brandon FL 33511	
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHAMBERS, STEVE		NAME		
STREET ADDRESS	1304 PEACHFIELD DR		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	DENNEY, JIM		NAME	Vickie L. Kuhlmeier	
STREET ADDRESS	1507 CARTER OAKS DR		STREET ADDRESS	1412 Moss Laden Ct	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	Brandon FL 33511	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Vickie L. Kuhlmeier		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vickie L. Kuhlmeier			
		Date 4/17/04 Daytime Phone # 813 546-5030			