

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718652

1. Entity Name

NORTHEAST RAIDERS YOUTH ASSOCIATION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90113 017 ****61.25

Principal Place of Business

Mailing Address

PO BOX 1338
ST. PETERSBURG FL 33731
US

PO BOX 1338
ST. PETERSBURG FL 33731-1338
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0194403

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEIN, HENRY A ESQ
STEIN, FORD, SCHAAR & TOWZEY LLP
501 FIRST AVE. NORTH STE. 1000
ST. PETERSBURG FL 33701

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BURNS, GREG
STREET ADDRESS 821 16TH AVE. N
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE PD ☒ Change ☐ Addition
NAME SMITH, TOM B.
STREET ADDRESS 150 2ND AVE N, SUITE 100
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE VPD ☒ Delete
NAME COOK, CLIFF
STREET ADDRESS 104 13TH AVE. N
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE VPD ☒ Change ☐ Addition
NAME BELL, RICHARD
STREET ADDRESS 8400 RIVERSIDE DR N
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE TD ☐ Delete
NAME DIBIASIO, DAN
STREET ADDRESS 2051 ILLINOIS AVE NE
CITY-ST-ZIP ST. PETE FL

TITLE THUMATE, ANNE H. ☒ Change ☐ Addition
NAME 506 15TH AVE NE
STREET ADDRESS ST. PETERSBURG, FL 33704

TITLE SD ☒ Delete
NAME LEGG, MARILYN
STREET ADDRESS 2790 CORDOVA WAY S.
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE SD ☒ Change ☐ Addition
NAME MALLUE, BARBARA
STREET ADDRESS 1760 63RD AVE N
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)