

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90399 014 ****61.25

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DOCUMENT # 718652

1. Entity Name

NORTHEAST RAIDERS YOUTH ASSOCIATION, INC.



Principal Place of Business

PO BOX 1338
ST. PETERSBURG FL 33731
US

Mailing Address

PO BOX 1338
ST. PETERSBURG FL 33731
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 **51-0194403**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **John Mathias**
Street Address (P.O. Box Number is Not Acceptable) **1985 Kansas Ave NE**
City **St. Petersburg** FL Zip Code **33703**

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

4/20/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **AD** ☐ Delete
NAME **ZACH, SISSI**
STREET ADDRESS **1124 SEVILLE LANE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MALLUE, BARBARA**
STREET ADDRESS **1760 63RD AVE N**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

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

TITLE **D** ☐ Delete
NAME **ANDREWS, BILL**
STREET ADDRESS **140 9TH AVE. N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

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

TITLE **D** ☐ Delete
NAME **SHERIDAN, ROB**
STREET ADDRESS **1110 47TH AVE. N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **D** ☒ Change ☐ Addition
NAME **Sheridan, Robert**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **TERNS, JEANNE**
STREET ADDRESS **441 ROTARY PLACE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **BELL, RICHARD**
STREET ADDRESS **8400 RIVERSIDE DR N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **VD** ☐ Change ☒ Addition
NAME **Terri Bishop**
STREET ADDRESS **9545 2nd St N**
CITY-ST-ZIP **St. Petersburg FL 33702**

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 REQUIRED

4-24-03

CR2E037 (10/02)