

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740859

1. Entity Name

THE WORLD IS THE FIELD, INC.

Principal Place of Business

5302 WILLIAMS RD
TAMPA FL 33610

Mailing Address

5302 WILLIAMS RD
TAMPA FL 33610

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2061325

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISELL, ROBERT DANIEL
9591 BEL AIRE DR
MIRAMAR FL 33025

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.

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

After September 13, 2000 min. will be \$236.25

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

TITLE	PC	<input type="checkbox"/> Delete
NAME	ISELL, ROBERT DANIEL	
STREET ADDRESS	9591 BEL AIRE DR.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALKINS, BARBARA JEAN	
STREET ADDRESS	937 WICKETRUN DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL CASTILLO, CHERYL	
STREET ADDRESS	5302 WILLIAMS RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DORRIS, MAC	
STREET ADDRESS	RT 1 HOOD RD	
CITY-ST-ZIP	LAGRANGE GA	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHN	
STREET ADDRESS	4626 GROVECREST	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARRYL CALKINS	
STREET ADDRESS	937 WICKETRUN DRIVE	
CITY-ST-ZIP	BRANDON, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLADARES, CHERYL	
STREET ADDRESS	5302 WILLIAMS RD	
CITY-ST-ZIP	TAMPA, FL	
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:

Robert D. Isbell

Robert D. Isbell

7/14/2000

954-437-9553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90005 022 ****70.00