

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740859

1. Entity Name

THE WORLD IS THE FIELD, INC.

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

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

Principal Place of Business

Mailing Address

5302 WILLIAMS RD
 TAMPA FL 33610

5302 WILLIAMS RD
 TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2061325

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISBELL, ROBERT DANIEL
 9591 BEL AIRE DR
 MIRAMAR FL 33025

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PC Delete
 NAME: ISBELL, ROBERT DANIEL
 STREET ADDRESS: 9591 BEL AIRE DR.
 CITY-ST-ZIP: MIRAMAR FL

TITLE: D Change Addition
 NAME: DARRYL CALKINS
 STREET ADDRESS: 937 WICKETRUN DRIVE
 CITY-ST-ZIP: BRANDON, FL

TITLE: TD Delete
 NAME: CALKINS, BARBARA JEAN
 STREET ADDRESS: 937 WICKETRUN DRIVE
 CITY-ST-ZIP: BRANDON FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
~~TITLE: D Change Addition~~

TITLE: D Delete
 NAME: DEL CASTILLO, CHERYL
 STREET ADDRESS: 5302 WILLIAMS RD
 CITY-ST-ZIP: TAMPA FL

TITLE: Change Addition
 NAME: VALLADARES, CHERYL
 STREET ADDRESS: 5302 WILLIAMS RD
 CITY-ST-ZIP: TAMPA, FL

TITLE: D Delete
 NAME: DORRIS, MAC
 STREET ADDRESS: RT 1 HOOD RD
 CITY-ST-ZIP: LAGRANGE GA

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
~~TITLE: Change Addition~~

TITLE: VS Delete
 NAME: TAYLOR, JOHN
 STREET ADDRESS: 4626 GROVECREST
 CITY-ST-ZIP: LAKELAND FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
~~TITLE: Change Addition~~

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
~~TITLE: Change Addition~~

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
~~TITLE: Change Addition~~

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 954-437-9353
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)