

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90400 049 ****70.00

DOCUMENT # 743496

1. Entity Name

PINECREST YOUTH FOOTBALL, INC.

Principal Place of Business

Mailing Address

**7950 LITHIA PINECREST RD.
 LITHIA FL 33547**

**P.O. BOX 10
 LITHIA FL 33547**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2901671

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

**EVANS, ROBERT L
 18540 BOYETTE RD.
 LITHIA FL 33547**

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

Robert L. Evans, President
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/9/02
 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 **PT** Delete
 NAME **EVANS, ROBERT L**
 STREET ADDRESS **18540 BOYETTE RD.**
 CITY-ST-ZIP **LITHIA FL 33547**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TT** Delete
 NAME **AFFRONTI, JENNIFER L**
 STREET ADDRESS **5608 HAWKGROVE PL.**
 CITY-ST-ZIP **LITHIA FL 33547**

TITLE **T/O** Change Addition
 NAME **THOMAS SHIRLEY**
 STREET ADDRESS **3508 NICHOLS RD**
 CITY-ST-ZIP **LITHIA, FL. 33547**

TITLE **VD** Delete
 NAME **BAKER, RANDY**
 STREET ADDRESS **3434 E. KEYSVILLE RD.**
 CITY-ST-ZIP **LITHIA FL 33547**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **HICKS, LESLIE**
 STREET ADDRESS **3712 PORTER RD.**
 CITY-ST-ZIP **LITHIA FL 33547**

TITLE **S/O** Change Addition
 NAME **LORI STANLEY**
 STREET ADDRESS **12411 HOBSON SIMMONS RD**
 CITY-ST-ZIP **LITHIA, FL. 33547**

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:

Robert L. Evans, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02
 Date

813-681-5382
 Daytime Phone #

CR2E037 (9/01)