

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90016 006 \*\*\*\*61.25

**DOCUMENT # 767001**

1. Entity Name

**PINELLAS YOUTH FOOTBALL CONFERENCE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 71  
LARGO FL 34649

P.O. BOX 71  
LARGO FL 33779-0071

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

**59-2317385**

Applied For

Not Applicable

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

**LEWIS, GAYLE**  
**1145 66TH AVE SOUTH**  
**SAINT PETERSBURG FL 33705**

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

*Gayle Lewis*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/9/00**  
 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	VD	<input type="checkbox"/> Delete
NAME	BULLARD, FRAN	
STREET ADDRESS	3917 5TH AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33771	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEWIS, GAYLE	
STREET ADDRESS	1145 66TH AVE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WATERS, GENEVA	
STREET ADDRESS	12001 BLECHER RD., N224	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	DC	<input type="checkbox"/> Delete
NAME	FELTON, TYRONE	
STREET ADDRESS	4134 13TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	SMITH, KAREN	
STREET ADDRESS	1175 PINELLAS POINT DRIVE S #281	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**ZVP**  
**Felton Tyrone**  
**4134 13th Ave S.**  
**St. Petersburg, FL 33711**

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:

*Gayle Lewis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/9/00**  
 Date

**727-893-9735**  
 Daytime Phone #

03-23-2000

CR