2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N00000001720 1. Entity Name TEMPLE TERRACE YOUTH BASKETBALL, INC MPA FASTBreak Youth Basketball INC. 6520 BAYBROOKS CIR. 6520 BAYBROOKS CIR. SECRETARY OF STATE TALLAHASSEE. FLORIDA TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 31-1705562 Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RAVENEL, EUGENE 6520 BAYBROOKS CIR. . TEMPLE TERRACE FL 33617 City 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 600004843846--3 -01/25/02--01060--016 SIGNATURE ****131.04E ***** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP X Change TITLE Delete TITLE ☐ Addition Presiden! NAME Barefield, Eric NAME ugene Kavenel 6520 Baybrooks Circle STREET ADDRESS 1150 SUMMIT W. BLVD., #17F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL 33617 Terrace, Fl 33617 TITLE **⊠** Delete TITLE **D**vice President ☐ Change **Addition** NAME LAUTERIA, PAT NAME Pamela K, Ravenel STREET ADDRESS 6617 E. WHITEWAY DR. STREET ADDRESS 6520 Baybrooks Circle CITY-ST-ZIP CITY-ST-ZIP 33617 TEMPLE TERRACE FL 33617 Temple. Terrace, A Secretary Albert Coleman ☐ Change X Addition TITLE Delete TITLE BAREFIELD, NARDA NAME NAME 16611 Baybrooks circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Temple Terrace, F1 3 TEMPLE TERRACE FL 33617 33617 Boar o **X** Addition ▼ Delete TITLE TITLE Change Leonard Allen RAVENEL, EUGENE NAME NAME 2006 Sara Louise Dr. STREET ADDRESS STREET ADDRESS 6520 BAYBROOK CIR. , Florida CITY-ST-7IP CITY-ST-ZIP **TEMPLE TERRACE FL 33617** <u>crandon</u> <u>335/0</u> 30ar 0 Delete Addition ☐ Channe TITLE TITLE 13e(DWZIAGA, DON NAME NAME P.O. Bal 310514 STREET ADDRESS STREET ADDRESS 6621 Jennifer Dr. CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL 33617 Tampa 3oardi Delete Addition ☐ Change TITLE TITLE SHORTER, LAMAR ioseph Williams NAME NAME Baybrooks Circle STREET ADDRESS STREET ADDRESS 4414 E. SLIGH AVE 6500 (errace CITY-ST-ZIP CITY-ST-ZIP ,P(**TAMPA FL 33610** temple 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 the state empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

of the corporation or the receiver changed, or on an attachment with

SIGNATURE:

address, with all other like q