

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90137 022 \*\*\*\*70.00

DOCUMENT # N00000001720

1. Entity Name

TEMPLE TERRACE YOUTH BASKETBALL, INC.



Principal Place of Business

11500 SUMMIT WEST BLVD., #17-F  
TEMPLE TERRACE FL 33617

Mailing Address

11500 SUMMIT WEST BLVD., #17-F  
TEMPLE TERRACE FL 33617

55050419

2. Principal Place of Business

11500 Summit West Blvd

Mailing Address

11500 Summit West Blvd

Suite, Apt. #, etc.

# 41D

Suite, Apt. #, etc.

#41D

City & State

Temple Terrace, FL

City & State

Temple Terrace, FL

Zip  
33617

Country  
USA

Zip  
33617

Country  
USA

4. FEI Number 31-1705562

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BAREFIELD, ERIC

11500 SUMMIT WEST BLVD., #17-F  
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name ERIC Barefield

Street Address (P.O. Box Number is Not Acceptable)

11500 Summit West Blvd #41D

City

Temple Terrace

FL

Zip Code

33617

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ERIC Barefield, President Eric Barefield 5/26/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PD  
STREET ADDRESS BAREFIELD, ERIC  
CITY-ST-ZIP 11500 SUMMIT WEST BLVD., #17-F  
TEMPLE TERRACE FL 33617 Director

TITLE V  
NAME LAUTERIA, PAT  
STREET ADDRESS 6617 E. WHITEWAY DR.  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE D  
NAME BAREFIELD, NARDA  
STREET ADDRESS 11500 SUMMIT WETS BLVD. #17-F  
CITY-ST-ZIP TEMPLE TERRACE FL 33617 Director

TITLE D  
NAME DWZIAGA, DON  
STREET ADDRESS 6621 JENNIFER DR.  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE D  
NAME SHORTER, LAMAR  
STREET ADDRESS 4414 E. SLUGH AVE.  
CITY-ST-ZIP TAMPA FL 33610 Director

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: ERIC BAREFIELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/03

Date

8139148956

Daytime Phone

CP2E037 (10/02)