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

FILED
02 MAR 28 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002262

1. Entity Name

Tamarac Youth Football League, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9901 NW 77 Street	PO Box 771053
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac, FL	City & State: Coral Springs, FL
Zip: 33321 Country: USA	Zip: 33077 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1021020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carol Pence

Street Address (P.O. Box Number is Not Acceptable): 6560 SW 7 Court

City: North Lauderdale FL Zip Code: 33068

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: Carol Pence Carol Pence 3/28/02

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE: President NAME: Larry Rogers STREET ADDRESS: 5241 NW 78 Terrace CITY-ST-ZIP: Lauderhill, Fl 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500005174435--2 -05/05/01--91102--032 *****150.00 *****61.25
TITLE: Secretary NAME: Christine Rogers STREET ADDRESS: 5241 NW 78 Terrace CITY-ST-ZIP: Lauderhill, Fl 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: Treasurer NAME: Carol Pence STREET ADDRESS: 6560 SW 7 Court CITY-ST-ZIP: N. Lauderdale, Fl 33068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE: Director NAME: Angela Manalaysay STREET ADDRESS: 7085 NW 15 Street CITY-ST-ZIP: Plantation, Fl 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: Director NAME: Gerald Wolff STREET ADDRESS: 8010 NW 75 Avenue CITY-ST-ZIP: Tamarac, Fl 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC/PV 3/28
TITLE: Director NAME: Danielle Leeds STREET ADDRESS: 10851 Jewel Box Lane CITY-ST-ZIP: Tamarac, Fl 33321		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Angela Manalaysay 3/28/02 954-818-1290

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #