2001 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2001 8:00 am DOCUMENT # NO200000221 **Secretary of State** TAMARAC YOUTH FOOTBALL LEAGUE INC. 05-05-2001 91102 032 ***150.00 Principal Place of Business Mailing Address 8250 NW 66TH TERR. 8250 NW 66TH TERR. TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address P.O. Box 11053 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-102102C auderhi Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARD, KERRY Street Address (P.O. Box Number is Not Acceptable) 8250 NW 66TH TERR. TAMARAC FL 33321 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 Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE TITLE CR2E034 (10/00) ☐ Delete ☐ Change ☐ Addition NAME NAME rry robers STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME Jearld R. Wolff MAME STREET ADDRESS STREET ADDRESS 8010 NW 7577 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 800005173948--05/05/01--91102--03 NAMĘ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CiTY-ST-ZIP *****150.00 ******61. Detete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2\P CITY-ST-ZIP Delete TITLE [] Channe Addition NAME NAME STREE STREET ADDRESS CITY-ST-ZIP CITY-Delete TTT. F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-74P CITY-ST-78P 13. 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 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: