

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-17-2003 90208 029 ****61.25

DOCUMENT # N02000008918

1. Entity Name
KEYSTONE YOUTH ATHLETIC GROUP, INC.



Principal Place of Business
**9102 SHADOW POND COURT
ODESSA FL 33556
US**

Mailing Address
**1311 N. WESTSHORE BLVD
205
TAMPA FL 33607
US**

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

65-1164207

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

7. Name and Address of New Registered Agent

**LEFLOCH, EUGENE M ESQ.
1311 N. WESTSHORE BLVD
205
TAMPA FL 33607**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ROSTEC
BLACKBURN, CRAIG
9102 SHADOW POND COURT
ODESSA FL 33556

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SPYCHALA, MIKE
9102 SHADOW POND COURT
ODESSA FL 33556

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TURNER, GAY L
19611 LAKE OSCEOLA LANE
ODESSA FL 33556

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TURNER, GAY L
19611 LAKE OSCEOLA LANE
ODESSA FL 33556

Delete

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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

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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)(f), 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:

SIGNATURE REQUIRED Blackburn

2-12-03 8139263843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)