2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 27, 2001 8:00 am
Secretary of State
04-27-2001 90218 027 ****61.25

DOCUMENT # N10810

1. Entity Name

THE JUNIOR BUCCANEERS YOUTH FOOTBALL BOOSTER ORG

(U)

49887

Principal Place of Business	Mailing Address
P.O. BOX 262744 TAMPA FL 33685	P.O. BOX 262744 TAMPA FL 33685

DO NOT WRITE IN THIS SPACE

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 59-2702577 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRISON, LINDA
4422 B CYPRINA PL
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name Donald Wright

Street Address (P.O. Box Number is Not Acceptable) ~~9749 Elm Way~~ 5413 Ginger Cove APT. F

City TAMPA FL Zip Code 33634

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 Donald Wright 5-16-01
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD WRIGHT, DONALD 9749 ELM WAY TAMPA FL 33635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec TRINchet, Sheila 5606 Town-n-Country Blvd Tampa, FL 33615	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD HOWE, SHELLY 9301 BAY CLUB COURT TAMPA FL 33607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President STAN Moody DR TAMPA FL 33621 1929 Kenner	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARRISON, LINDA 4422 B CYPRINA PLACE TAMPA FL 33615	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Athletic Director Donald wright 5413 Ginger cove APT F. Tampa FL. 33634	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BAVER, PATRICE 4725 TRAVERTINE TAMPA FL 33615	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alexandria	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCD MORRIS, SILKE 8803 BURKE STREET TAMPA FL 33834	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Treasure Alexandria Sandchez 4304 wynwood drive Tampa FL 33625	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 1-09-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #