

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90186 048 ****61.25

DOCUMENT # N18933

1. Entity Name

TARPON SPRINGS - NORTH PINELLAS YOUTH FOOTBALL.

Principal Place of Business

Mailing Address

PO BOX 1924
TARPON SPRINGS FL 34688
US

PO BOX 1924
TARPON SPRINGS FL 34688-1924
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMBERLY, STONE Q
4840 SHELL STREAM BLVD
NEWPORT RICHEY FL 34652

Name **John F. Nielsen IV**

Street Address (P.O. Box Number is Not Acceptable)
4245 Crestfield Ave

City **Holiday** FL Zip Code **34691**

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	DRIVER, CHARLES	
STREET ADDRESS	427 E HARRISON ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILSON, HAROLD D.	
STREET ADDRESS	611 SUGAR MILL RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STONE, KIMBERLY	
STREET ADDRESS	4840 SHELL STREAM BLVD	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, JAN	
STREET ADDRESS	5032 FLORA AVE	
CITY-ST-ZIP	HOLIDAY FK	
TITLE	P	<input type="checkbox"/> Delete
NAME	NIELSEN, JOHN	
STREET ADDRESS	4245 CRESTFIELD AVE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POPE, RON	
STREET ADDRESS	1008 GREENLEAF WAY	
CITY-ST-ZIP	TARPON SPRINGS FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy Sanders	
STREET ADDRESS	2913 Narcissus Dr.	
CITY-ST-ZIP	Holiday, FL 34691	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Young, Frank	
STREET ADDRESS	5032 Flora Ave	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mack-Sabo, Noreen	
STREET ADDRESS	3321 Eisenhower Dr.	
CITY-ST-ZIP	Holiday, FL 34691	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jenkins, Cynthia	
STREET ADDRESS	3536 Umber Rd.	
CITY-ST-ZIP	Holiday, FL 34691	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nielsen IV, John	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-00 800-331-3375

CR2E037 (9/99)