

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27788

1. Entity Name

CARDINAL YOUTH FOOTBALL LEAGUE INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90046 022 ****61.25

Principal Place of Business

10212 NORTH BOULEVARD
TAMPA FL 33612
US

Mailing Address

PO BOX 273921
TAMPA FL 33688-3921
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3094703

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

SCOTT LEVINSON
4809 WYNWOOD
TAMPA FL 33615

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.

SIGNATURE

Scott Levinson

Scott Levinson

4/16/00

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
PAD
SCOTT LEVINSON
4809 WYNWOOD
TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROBINSON, DAN
1014 CRYSTAL LAKE ROAD
LUTZ FL 33549 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Blount, Marvin
806 East Cayuga Street
Tampa, FL 33603 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
CAROL L DAVIS
1415 POPE PLACE
LUTZ FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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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:

Carol L. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol L. Davis

(813) 272-2565

Date

Daytime Phone #

CR2E037 (9/99)