

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90070 023 *****61.25

DOCUMENT # N27788

1. Entity Name

CARDINAL YOUTH FOOTBALL LEAGUE INC.



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

W. Perio Street

3. Mailing Address

P.O. BOX 273921

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33614 Hills

Country

Hills

Zip

33615 Hills

Country

Hills

4. FEI Number **59-3094703**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required:-**

6. Name and Address of Current Registered Agent

**LEVINSON, ROBIN
4809 WYNWOOD DR.
TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name **ROBIN LEVINSON**
Street Address (P.O. Box Number is Not Acceptable) **4809 WYNWOOD DR.**
City **Tampa** FL Zip Code **33615**

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

Robin Levinson

4-5-03

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	TD	<input checked="" type="checkbox"/> Delete
NAME	CAROL L DAVIS	
STREET ADDRESS	1415 POPE PLACE	
CITY-ST-ZIP	LUTZ FL	
TITLE	PAD	<input type="checkbox"/> Delete
NAME	LEVINSON, ROBIN	
STREET ADDRESS	4809 WYNWOOD DR.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESLIN, PATRICK	
STREET ADDRESS	6907 N. ORLEANS AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN M. SEWELL	
STREET ADDRESS	1207 E. McBerry St	
CITY-ST-ZIP	Tampa FL 33603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Robin Levinson

4-5-03 813 885-982

CR2E037 (10/02)