2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

FILED Jun 20, 2000 8:00 am Secretary of State **DOCUMENT # N32321** 1. Entity Name BAY AREA RAIDERS FOOTBALL ORGANIZATION, INC. 06-20-2000 90013 010 ****70.00 Mailing Address Principal Place of Business P.O. BOX 13382 5103 TREASURE CIR TAMPA FL 33681-3382 TAMPA FL 33616 US Mailing Address 2. Principal Place of Business 8643 Suite Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State Florida 59-3046854 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name يرام الرافعة ليوا ميان مما Street Address (P.O. Box Number is Not Acceptable) HERNANDEZ, ROBERT 5103 TREASURE CIR **TAMPA FL 33616** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE TITLE Susie Breit NAME NAME PIETRO, TERESA 4412 w. San Carlos 5720 S 1ST STREET STREET ADDRESS STREET ADDRESS Tampa, Fla. 33429 CITY-ST-7IP CITY-ST-7IP **TAMPA FL 33611** ☐ Addition ☐ Delete PD TITLE TITLE HERNANDEZ, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 5103 TREASURE CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition Déleté TITLE Chris Paleveda PALEVEDA, DEBORAH NAME NAME 4307 w. watrous STREET ADDRESS STREET ADDRESS 4018 W. PALMIRA ST. Tampa, Fla. 33429 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL VP Rama Brown Change ☐ Addition ☑ Delete **VD** TITLE HARLOW, GREG NAME NAME Pam Brown 1106 E. Humphrey St STREET ADDRESS STREET ADDRESS 3103 OMAR AVE 33604 CITY-ST-ZIP lampa. FIA. CITY-ST-ZIP **TAMPA FL 33692** Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Date

Daytime Phone #