

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90022 050 \*\*\*\*70.00

**DOCUMENT # N32321**

1. Entity Name

**BAY AREA RAIDERS FOOTBALL ORGANIZATION, INC.**

Principal Place of Business

**5103 TREASURE CIR**

**TAMPA FL 33616**

**US**

Mailing Address

**P.O. BOX 18643**

**TAMPA FL 33679**

**US**

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

**59-3046854**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, ROBERT**  
**5103 TREASURE CIR**  
**TAMPA FL 33616**

7. Name and Address of New Registered Agent

Name

**JOSEPH L. Pietro**

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

**5720 SOUTH 1ST STREET**

City

**TAMPA**

**FL**

Zip Code

**33611**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/18/01**

DATE

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

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

TITLE **SD** ☒ Delete  
 NAME **BREIT, SUSIE**  
 STREET ADDRESS **4412 WEST SAN CARLOS**  
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **PD** ☒ Delete  
 NAME **HERNANDEZ, ROBERT**  
 STREET ADDRESS **5103 TREASURE CIRCLE**  
 CITY-ST-ZIP **TAMPA FL**

TITLE **T** ☐ Delete  
 NAME **PALEVEDA, CHRIS**  
 STREET ADDRESS **4307 WEST WATROUS**  
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **VD** ☐ Delete  
 NAME **BROWN, PAM**  
 STREET ADDRESS **1106 EAST HUMPHREY STREET**  
 CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Carla Plato**  
 STREET ADDRESS **6708 Himes Ave.**  
 CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **PD** ☐ Change ☐ Addition  
 NAME **JOSEPH L. PIETRO**  
 STREET ADDRESS **5720 SO. 1ST ST.**  
 CITY-ST-ZIP **TAMPA, FL 33611**

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

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

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

TITLE ☐ Change ☐ 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]*

**7/18/01 (813) 952-2305**

CFR2037 (5/01)