2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2000 8:00 am Secretary of State **DOCUMENT # N43357** 1. Entity Name OLDSMAR YOUTH FOOTBALL, INC. 03-04-2000 90115 025 ****70.00 Principal Place of Business CANAL PARK OLDSMATH COMMUNITY CENTER Mailing Address P.O. BOX 11 127-W-STATE-ST. OLDSMAR FL 34677-0011 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Anal DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3078924 Not Applicable DSMAF Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, DEBORA C 338 LAFAYETTE BLVD. OLDSMAR FL 34677 City Zip Code ۴l 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 har me of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Change ☐ Addition Delete TITLE TITLE AVOTTE, A NAME NAME 2005 DONEGAL CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE OLDSMAR FL 34677 VICE PRESIDENT Change Change Addition ☐ Delete TITLE TITLE TAMMY EDDY SMITH: D NAME NAME 3133 HURON AVE #A STREET ADDRESS STREET ADDRESS 338 EAPAYETTE BLVD OLDSMAR, FL 3467 CITY-ST-ZIP CITY-ST-ZIP OLDOMAR FL 34077 TREASURER Change ☐ Addition TD TITLE ☐ Delete TITLE Debora CSmith SWILLEY, BECKY NAME NAME 338 LAFAYETTE BIVD STREET ADDRESS 4808 CENTER BROOK CT STREET ADDRESS OLDSMAR, FL 34LM CITY-ST-ZIP CITY-ST-ZIE Tampa FL 33624-Change SD Addition Delete TITLE TITLE SECRETARY REED, O Melissa Steiberpl. NAME NAME STREET ADDRESS STREET ADDRESS 10798 AYRSHIRE 772 + N. HAVEN FL. JEW PORT RICHEY, FL 3466 CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Change ☐ Addition Delete TITLE 31717 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 employered 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 attack ith an address

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE