

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000220

1. Entity Name

BRANDON RAIDERS JUNIOR FOOTBALL, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90494 042 ****61.25

Principal Place of Business

Mailing Address

8623 ALAFIA RIDGE RD.
RIVERVIEW FL 33569
US

PO BOX 1679
BRANDON FL 33509-1679
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3164330

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

EVANS, WILLIAM
8623 ALAFIA RIDGE RD
RIVERVIEW FL 33569

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

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	EVANS, WILLIAMS	
STREET ADDRESS	8623 ALAFIA RIDGE RD.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, BETTY	
STREET ADDRESS	8623 ALAFIA RIDGE RD.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, DONNA	
STREET ADDRESS	7901 S. STATE RD 39	
CITY-ST-ZIP	PLANT CITY FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Cynthia	
STREET ADDRESS	2103 Briarcliff Cove	
CITY-ST-ZIP	VALrico FL 33594	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Gregory	
STREET ADDRESS	2412 Hermosa Dr.	
CITY-ST-ZIP	Tampa FL 33601	
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William H. Evans 4-24-00 (813) 677-0189

CR2E037 (9/99)