

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004745

1. Entity Name

EAST MANATEE YOUTH FOOTBALL ASSOCIATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90109 008 ****61.25

Principal Place of Business 6208 FOX HOLLOW LANE BRADENTON FL 34202 US	Mailing Address PO BOX 21091 BRADENTON FL 34204-1091 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HALL, ROBERT
 6208 FOX HOLLOW LANE
 BRADENTON FL 34202

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HALL, ROBERT	
STREET ADDRESS	6208 FOX HOLLOW LANE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, DANNE	
STREET ADDRESS	6611 261 ST ST E	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARBER, ZINA	
STREET ADDRESS	1205 30TH AVE E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MURPHY, SUSAN	
STREET ADDRESS	6611 261ST ST E	
CITY-ST-ZIP	MYAKKA CITY FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRILLAMAN, PAUL E	
STREET ADDRESS	7175 GULF OF MEXICO DRIVE#24	
CITY-ST-ZIP	LONGBOAT KEY FL	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Constantino FRANK	
STREET ADDRESS	10868 Forest Run Dr.	
CITY-ST-ZIP	Bradenton, FL 34202	
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: SIGNATURE REQUIRED 5/1/00 941-7588544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)