

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005139

1. Entity Name

TOWN 'N COUNTRY PACKER YOUTH FOOTBALL, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90040 034 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 262144
TAMPA FL 33685-2144

P.O. BOX 262144
TAMPA FL 33685-2144

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

65-0430014

Applied For

Not Applicable

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

COSTA, RHONDA
11308 PARTRIDGE DR
TAMPA FL 33625

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME COSTA, RHONDA
STREET ADDRESS 11308 PARTRIDGE DR
CITY-ST-ZIP TAMPA FL 33615

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

TITLE VD ☒ Delete
NAME MCLAUGHLIN, LANE
STREET ADDRESS 16111 NORTH GLEN
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME Mark Bogarty
STREET ADDRESS 7202 Branchwood Ct.
CITY-ST-ZIP Tampa, FL 33615

TITLE TD ☐ Delete
NAME SUAREZ, CHRISTINA
STREET ADDRESS 6409 W PARIS ST
CITY-ST-ZIP TAMPA FL 33634

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

TITLE VD ☒ Delete
NAME LESTER, NINA
STREET ADDRESS 10204 WESFORD CT
CITY-ST-ZIP TAMPA FL 33614

TITLE ☒ Change ☐ Addition
NAME George Masuck
STREET ADDRESS 9702 Elm Way
CITY-ST-ZIP TAMPA, FL 33635

TITLE SD ☐ Delete
NAME TOWNS, PATRICIA
STREET ADDRESS 8509 SEVEN COVES CT
CITY-ST-ZIP TAMPA FL 33634

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

TITLE ☐ Delete
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/00 8136366121
Date Daytime Phone #

CR2E037 (9/99)