

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005139

1. Entity Name

TOWN 'N COUNTRY PACKER YOUTH FOOTBALL, INC.

Principal Place of Business

P.O. BOX 262144  
TAMPA FL 33685-2144

Mailing Address

P.O. BOX 262144  
TAMPA FL 33685-2144

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

COSTA, RHONDA  
11308 PARTRIDGE DR  
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name Martin, Rhonda  
Street Address (P.O. Box Number is Not Acceptable)  
← Same  
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

Rhonda Martin, Rhonda Martin, President 7-8-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD COSTA, RHONDA 11308 PARTRIDGE DR TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOGAILY, MARK 7202 BRANCHWOOD CT TAMPA FL 33615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUAREZ, CHRISTINA 6409 W PARIS ST TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASUCK, GEORGE 9702 ELM WAY TAMPA FL 33635	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOWNS, PATRICIA 8509 SEVEN COVES CT TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martin, Rhonda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition name only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Cabrera, Marie 7248 Monterey Blvd Tampa FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary Michelle Pierson, Michelle 8722 Water Way Dr Tampa, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres - Athletics <del>Michelle</del> McFarland 8586 Briar Grove Cir Tampa, FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Athletics Baggerly, Tina 7610 W. Rowhatten Ave #4 Tampa, FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rhonda Martin, President 7-8-01 (813) 836-3333

FILED  
Aug 08, 2001 8:00 am  
Secretary of State

08-08-2001 90009 047 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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