

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90076 048 ****70.00

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

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

MARTIN, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rhonda A. Martin
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-17-03

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE VPD ☒ Delete
NAME BARTOLOMEI, ADA
STREET ADDRESS 8701 VERANDA WAY
CITY-ST-ZIP TAMPA FL 33635

TITLE V ☐ Change ☒ Addition
NAME Martin, Douglas
STREET ADDRESS 11308 Partridge Dr
CITY-ST-ZIP Tampa FL 33625

TITLE STD ☐ Delete
NAME PIERSON, MICHELLE
STREET ADDRESS 8722 WATER WAY DRIVE
CITY-ST-ZIP TAMPA FL 33635

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

TITLE VPA ☐ Delete
NAME MCFARLAND, CHUCK
STREET ADDRESS 8586 BRIAR GROVE CIRCLE
CITY-ST-ZIP TAMPA FL 33615

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

TITLE VPA ☒ Delete
NAME FRAUENFELD, TINA
STREET ADDRESS 7512 CLEARVIEW DRIVE
CITY-ST-ZIP TAMPA FL 33634

TITLE T ☐ Change ☒ Addition
NAME Brian Valdez
STREET ADDRESS 7310 N. St. Vincent St
CITY-ST-ZIP Tampa FL 33614

TITLE VPD ☒ Delete
NAME RIQUELMY, MARITZA
STREET ADDRESS 9315 CRANDON LANE
CITY-ST-ZIP TAMPA FL 33635

TITLE D ☐ Change ☒ Addition
NAME Andrea Iglesias
STREET ADDRESS 2310 W. Virginia Ave
CITY-ST-ZIP Tampa FL 33607

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 A. Martin
Signature typed or printed name of registered agent and title if applicable.

8/17/03

(813)288-5922

CR2E037 (4/03)