

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

06-04-2001 90005 041 ****61.25

DOCUMENT # N96000000498			
1. Entity Name Tampa Bay Loggers Youth Football Organizations, Inc. (UP)			
Principal Place of Business P.O. Box 310774 Tampa, FL 33680-0774		Mailing Address [REDACTED] 76161	
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 31-1468489		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Larry Jacobs P.O. Box 310774 Tampa, FL 33680-0774		7. Name and Address of New Registered Agent Name: Larry Jacobs Street Address (P.O. Box Number is Not Acceptable): 3611 E. North Bay St City: Tampa FL Zip Code: 33610	
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] Signature, typed or printed name of registered agent and date if applicable.		5/25/01 DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larry S. Jacobs President/At-Large Director 3611 E. North Bay Street Tampa, FL 33610 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 310774 Tampa, FL 33680-0774 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacobs, Christie, Secretary 3611 E. North Bay Street Tampa, FL 33610 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 310774 Tampa, FL 33680-0774 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Grace, Mary, Treasurer 2603 E. Genesee Tampa, FL 33610 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 310774 Tampa, FL 33680-0774 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Newberry, Charles, Asst. A.D. 8042 Fawnridge Circle Tampa, FL 33610 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 310774 Tampa, FL 33680-0774 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 fees empowered.			
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		6/18/01 (813) 238-1217 Date Deponent Phone #	

CR2ED037 (11/00)