

2005 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPROVED
AND
FILED

05 MAR 23 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000498

1. Corporation Name
Tampa Bay Jaguars Youth Football
Org, Inc

2. Principal Office Address
5901 N. 34th St

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33610

Country

3. Mailing Office Address

5901 N. 34th St

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33610

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/13/1997

5. FEI Number

31.468489

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gregory Thompson

Street Address (P.O. Box Number is Not Acceptable)

5901 N. 34th St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gregory Thompson

REGISTERED AGENT MUST SIGN

Date

3/19/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Gregory Thompson	5901 N. 34th St	Tampa FL 33610
D	Gerald Scott	P.O. Box 16363	Tampa FL 33677
S	Hollic Simmons	P.O. Box 16363	Tampa FL 33677
S	Lucianna Young	P.O. Box 16363	Tampa FL 33677
T	Roosevelt Bembry	P.O. Box 16363	Tampa FL 33677
C	Walter Robinson	P.O. Box 16363	Tampa FL 33677

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory Thompson

3/20/05

Date

Daytime Phone #

CR2E081 (01/05)