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

FILED
Feb 13, 2003 8:00 am
Secretary of State
02-13-2003 90277 021 ****71.00

Document # N96000000498

1. Entity Name
TAMPA BAY JAGUARS Youth Football ORGANIZATION, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
5901 North 34th Street
Suite, Apt. #, etc.
TAMPA, FL. 33610
City & State
Zip
Country
Hillsbro.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
311468489
Applied For
Not Applicable

5. Certificate of Status Desired ☑ $8.75

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Gregory Thompson
Street Address (P.O. Box Number is Not Acceptable)
5901 North 34th Street
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gregory Thompson Athletic Director 02-09-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Athletic Director Gregory Thompson 5901 North 34th St. TAMPA, FL. 33610	D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Athletic Director - Reggie Jones P.O. Box 16363 TAMPA, FL. 33687-6363	D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Fund Raiser Coordinator Mike Knox P.O. Box 16363 TAMPA, FL. 33687-6363	D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Joni King P.O. Box 16363 TAMPA, FL. 33687-6363	S
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Jerlean Reaves P.O. Box 16363 TAMPA, FL. 33687-6363	T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Secretary Jewel Hamilton P.O. Box 16363 TAMPA, FL. 33687-6363	S

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gregory Thompson Athletic Director 02/09/03 (813) 237-8075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #