

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90069 045 ****61.25

DOCUMENT # N98000006683

1. Entity Name

BRANDON STEELERS YOUTH FOOTBALL, INC.

Principal Place of Business

Mailing Address

100 SOUTH ASHLEY DRIVE #1470
 TAMPA FL 33602

100 SOUTH ASHLEY DRIVE #1470
 TAMPA FL 33602-5309

2. Principal Place of Business

3. Mailing Address

813 E. Bloomingdale Ave

813 E. Bloomingdale Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#310

#310

City & State

City & State

Brandon, FL

Brandon, FL

Zip

Country

Zip

Country

33511

US

33511

US

4. FEI Number

59-3544247

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

WILLIAMS, STEVEN A
 100 SOUTH ASHLEY DRIVE #1470
 TAMPA FL 33602

Name

Bryan C. Wilson

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

630 BARKFIELD STREET

City

Brandon

FL

Zip Code

33511

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WILSON, BRYAN C
 CITY-ST-ZIP 630 BARKFIELD STREET
 BRANDON FL 33511

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS WILLIAMS, STEVEN A
 CITY-ST-ZIP 100 SOUTH ASHLEY DRIVE #1470
 TAMPA FL 33602

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS MACGUIRE, TIMOTHY
 CITY-ST-ZIP 3821 STEARNS RD
 VALRICO FL 33594

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LEAVELL, LARRY
 CITY-ST-ZIP 815 STRAWBERRY LN
 BRANDON FL 33511

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS HARGIS, NATHAN
 CITY-ST-ZIP LITHIA PINECREST RD
 VALRICO FL 33594

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00

Date

Daytime Phone #