

FILED  
Jun 29, 2001 8:00 am  
Secretary of State

05-30-2001 90032 030 \*\*\*\*70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 19800000623

1. Entity Name  
Brandon Steelers Youth Football, Inc

Principal Place of Business Mailing Address  
PMB #310  
813 E. Bloomingdale Ave.  
Brandon, FL 33511

2. Principal Place of Business 3. Mailing Address  
5475 S. Providence  
Subs. Apt. #, etc. Subs. Apt. #, etc.

City & State City & State  
Brandon, FL  
Zip Country Zip Country  
33511 Hillsborough

4. FEI Number Applied For  
59-3544247 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Brian Wilson  
Address Unknown

7. Name and Address of New Registered Agent  
Name David LaClair  
Street Address (P.O. Box Number is Not Acceptable)  
1313 Peachfield Dr  
City Valrico FL Zip Code 33594

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 David LaClair DATE 5/19/01  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

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	
TITLE <u>President</u> <input checked="" type="checkbox"/> Delete	NAME <u>Brian Wilson</u> STREET ADDRESS <u>Address Unknown</u> CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
TITLE	NAME <input type="checkbox"/> Delete
TITLE	NAME <input type="checkbox"/> Delete
TITLE	NAME <input type="checkbox"/> Delete
TITLE	NAME <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <u>President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <u>David LaClair</u> STREET ADDRESS <u>1313 Peachfield Dr</u> CITY-ST-ZIP <u>VALRICO FL 33594</u>
TITLE <u>Vice President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <u>Terri Cammarata</u> STREET ADDRESS <u>3041 Beaver Pond Trail</u> CITY-ST-ZIP <u>Valrico, FL 33594</u>
TITLE <u>Secretary</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <u>Susan Wejts</u> STREET ADDRESS <u>2301 Needham Drive</u> CITY-ST-ZIP <u>Valrico, FL 33594</u>
TITLE <u>Treasurer</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <u>Cathy Bennett</u> STREET ADDRESS <u>429 Pineforest Dr.</u> CITY-ST-ZIP <u>Brandon, FL 33511</u>
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Terri Cammarata Terri Cammarata DATE 5/19/01 813-632-4478  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)

CR2E037 (1/1/00)