

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90011 019 ****61.25

DOCUMENT # N98000007056

1. Entity Name

BAY AREA YOUTH BASKETBALL, INC.

Principal Place of Business

**10427 OAKBROOK DR.
TAMPA FL 33624
US**

Mailing Address

**10427 OAKBROOK DR.
TAMPA FL 33624
US**

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

59-3554796

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

**CURRY, CLIFTON C JR.ESQ.
750 W. LUMSDEN RD.
BRANDON FL 33511**

Name

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

City

FL

Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP KROLL, MICHAEL 10427 OAKBROOK DR. TAMPA FL 33624	<input type="checkbox"/>		<input type="checkbox"/>
D KROLL, ROSALYN 10427 OAKBROOK DR. TAMPA FL 33624	<input type="checkbox"/>		<input type="checkbox"/>
DVP CASTORA, KEVIN 17115 DOWNS DR. ODESSA FL 33566	<input type="checkbox"/>		<input type="checkbox"/>
DT JONES, HAROLD 8525 GOLD RIDGE CIRCLE TAMPA FL 33619	<input type="checkbox"/>		<input type="checkbox"/>
DS PERERA, AIMEE 4407 W. IDLEWILD AVE. TAMPA FL 33614	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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

KEVIN CASTORA

Date

4/26/01

Daytime Phone #

813 964 3027

CR2E037 (10/00)