

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000007056

FILED
May 27, 2002 8:00 AM
Secretary of State

Entity Name: BAY AREA YOUTH BASKETBALL, INC.

Current Principal Place of Business:

10427 OAKBROOK DR.
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

10427 OAKBROOK DR.
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 59-3554796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KROLL, MICHAEL
Address: 10427 OAKBROOK DR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: KROLL, ROSALYN
Address: 10427 OAKBROOK DR.
City-St-Zip: TAMPA, FL 33624

Title: DVP () Delete
Name: CASTORA, KEVIN
Address: 17115 DOWNS DR.
City-St-Zip: ODESSA, FL 33566

Title: DT () Delete
Name: JONES, HAROLD
Address: 8525 GOLD RIDGE CIRCLE
City-St-Zip: TAMPA, FL 33619

Title: DS () Delete
Name: PERERA, AIMEE
Address: 4407 W. IDLEWILD AVE.
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN CASTORA

DVP

05/27/2002

Electronic Signature of Signing Officer or Director

Date