

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90077 015 ****70.00

DOCUMENT # N99000004742

1. Entity Name

BRANDON BEARS YOUTH FOOTBALL & CHEERLEADING LEAG

Principal Place of Business

Mailing Address

5720 PROVIDENCE RD.
 BRANDON FL 33511

P. O. BOX 215
 BRANDON FL 33509-0215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3597834

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARDNER, JOHN W ESQ.
128 W. ROBINSON ST.
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

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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Matthews, Ernest STREET ADDRESS 2205 Laurel Oak CITY-ST-ZIP Brandon, FL 33511
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Molin, Greg STREET ADDRESS 3946 Cater Lay Circle CITY-ST-ZIP Valrico, FL 33594
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Genaw, Evelyn STREET ADDRESS 439 Sand Ridge Drive CITY-ST-ZIP Valrico, FL 33594
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Lear, Lynne STREET ADDRESS 1309 Piney Branch Circle CITY-ST-ZIP Valrico, FL 33594
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Sibson, Tim STREET ADDRESS 4502 Cabbage Palm Drive CITY-ST-ZIP Valrico, FL 33594
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Evans, Gena STREET ADDRESS 4224 Spring Way Circle CITY-ST-ZIP Valrico, FL 33594

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.014, 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: Evelyn Genaw **Evelyn Genaw** 4/19/00 813-248-5761
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)