

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90274 030 ****70.00

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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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MATTHEWS, ERNEST	2205 LAUREL OAK	BRANDON FL 33511				
V	MOLIN, GREG	3946 CATER LAY CIR	VALRICO FL 33594	V	WISNER, WAYNE	415 Bayfield Drive	Brandon, FL 33511
T	GENAW, EVELYN	439 SAND RIDGE DRIVE	VALRICO FL 33594				
S	LEAR, LYNNE	1309 PINEY BRANCH CIR	WEBSTER FL 33597				
D	SIBSON, TIM	4502 CABBAGE PALM DR	VALRICO FL 33594				
D	EVANS, GENA	4224 SPRING WAY CIR	PORT CHARLOTTE FL 33954	D	EVANS, GENA	P.O. Box 1296	Valrico, FL 33595-1296

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: *Evelyn E. Genaw* Evelyn E. Genaw, Treasurer 2/27/01 (813)248-5761
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)