

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90115 031 ****70.00

DOCUMENT # N99000004742

1. Entity Name

**BRANDON BEARS YOUTH FOOTBALL & CHEERLEADING LEAG
 UE, INC.**

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

Zip

Country

Zip

Country

4. FEI Number

59-3597834

Applied For

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

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 **P** Delete
 NAME **MATTHEWS, ERNEST**
 STREET ADDRESS **2205 LAUREL OAK**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **WISNER, WAYNE**
 STREET ADDRESS **415 BAYFIELD DRIVE**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **GENAW, EVELYN**
 STREET ADDRESS **439 SAND RIDGE DRIVE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **LEAR, LYNNE**
 STREET ADDRESS **1309 PINEY BRANCH CIR**
 CITY-ST-ZIP **WEBSTER FL 33597**

TITLE Change Addition
 NAME **SEC. LISA GARRISON**
 STREET ADDRESS **1419 MONTE LAKE DRIVE**
 CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **D** Delete
 NAME **SIBSON, TIM**
 STREET ADDRESS **4502 CABBAGE PALM DR**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **EVANS, GENA**
 STREET ADDRESS **PO BOX 1296**
 CITY-ST-ZIP **VALRICO FL 33595-1296**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Ernest E Matthews
ERNEST E MATTHEWS

4-25-02

813 684-1068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)