2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State
02-10-2000 90061 045 ****61.25

DOCUMENT # 736298

1. Entity Name

WEST PASCO GIRLS' SOFTBALL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
800 MADISON ST.. N. PO BOX 1452 NEW PORT RICHEY FL 34656-8452	P.O. BOX 1452 NEW PORT RICHEY FL 34656-1452 US

DO NOT WRITE IN THIS SPACE

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 59-2228828 ☐ 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
VINCI, MARK 7510 TURLEBROOK LN NEW PORT RICHEY FL 34655	Name: Kelly Skulas Street Address (P.O. Box Number is Not Acceptable): 1815 Dixie Hwy City: Tarpon Springs, FL Zip Code: 346089

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] Kelly Skulas - president W.P.G.S.A. 020200
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	PD VINCI, MARK 7510 TURTLE BROOK LN NEW PORT RICHEY FL 34655	☒ Delete	PD Skulas, Kelly 1815 Dixie Hwy Tarpon Springs, Fl. 34689	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAY, SEAN PO BOX 1452 NEW PORT RICHEY FL 34656	☒ Delete	VD Vinci, Chris 7510 Turtle Brook LN. New Port Richey, Fl. 34655	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FAWN, ANGEL PO BOX 1452 NEW PORT RICHEY FL 34656	☒ Delete	S	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHANK, PATTI 1050 MAYBURY DR HOLIDAY FL 34690	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DONALDSON, TERRI 426 GERALD LN HOLIDAY FL 34691	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/99)

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] Kelly Skulas - president 020200 (727)8480391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #