

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736298

1. Entity Name

WEST PASCO GIRLS' SOFTBALL ASSOCIATION, INC.

Principal Place of Business

800 MADISON ST., N.
PO BOX 1452
NEW PORT RICHEY FL 34656-8452

Mailing Address

P.O. BOX 1452
NEW PORT RICHEY FL 34656-1452
US

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

SKULAS, KELLY
1815 DIXIE HWY
TARPON SPRINGS FL 34689

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

Kelly Skulas

Kelly Skulas

022101

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 SKULAS, KELLY 1815 DIXIE HWY TARPON SPRINGS FL 34689	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VINCI, CHRIS 7510 TURTLE BROOK LN NEW PORT RICHEY, FL 34655	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAWN, ANGEL PO BOX 1452 NEW PORT RICHEY FL 34656	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHANK, PATTI 1050 MAYBURY DR HOLIDAY FL 34690	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONALDSON, TERRI 426 GERALD LN HOLIDAY FL 34691	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Tina Seymour Turtlebrook Ln New Port Richey, FL 34655	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary JANINE HORN 6436 BASIL LN New Port Richey, FL 34653	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO Kinney, Phil PO BOX 1450 NPR, FL 34656	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Kelly Skulas RECKELT SKULAS president

022101

727 8480391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90402 046 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)