2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736298

1. Entity Name

WEST PASCO GIRLS' SOFTBALL ASSOCIATION, INC.

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90425 001 ****61.25
07-30-2002 90425 002 *****8.75

0088801

97997

DO NOT WRITE IN THIS SPACE

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

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 President

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 PD NAME SKULAS, KELLY STREET ADDRESS 1815 DIXIE HWY CITY-ST-ZIP TARPON SPRINGS FL 34689	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME SEYMOUR, TINA STREET ADDRESS TURTLEBROOK LANE CITY-ST-ZIP NEW PORT RICHEY FL 34655	☑ Delete	TITLE VP NAME Rusty Horn STREET ADDRESS PO Box 1452 CITY-ST-ZIP New Port Richey Fl. 34656	☑ Change ☐ Addition
TITLE S NAME HORN, JANINE STREET ADDRESS 6436 BASIL LANE CITY-ST-ZIP NEW PORT RICHEY FL 34653	☑ Delete	TITLE S NAME Lynn MArquis STREET ADDRESS PO Box 1452 CITY-ST-ZIP New Port Richey, Fl. 34656	☑ Change ☐ Addition
TITLE TD NAME SHANK, PATTI STREET ADDRESS 1050 MAYBURY DR CITY-ST-ZIP HOLIDAY FL 34690	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME KINNEY, PHIL STREET ADDRESS P.O. BOX 1452 CITY-ST-ZIP NEW PORT RICHEY FL 34656	☐ Delete	TITLE ST NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 President 020502 7278480391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E037 (9/01)