

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743236

1. Entity Name

FIFTY PLUS SOFTBALL LEAGUE OF LEE COUNTY, INC.

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90035 003 ****61.25

Principal Place of Business

2104 SW 38TH TERRACE
CAPE CORAL FL 33904

Mailing Address

2104 SW 38TH TERRACE
CAPE CORAL FL 33914
US

2. Principal Place of Business

15091 TAMARIND CAY CT.

3. Mailing Address

15091 TAMARIND CAY CT.

Suite, Apt. #, etc.

904

Suite, Apt. #, etc.

904

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKIERN, DONALD
2104 SW 38TH TERRACE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name DONALD E. MCKIERNAN

Street Address (P.O. Box Number is Not Acceptable)

15091 TAMARIND CAY CT. #904

City

FORT MYERS

FL

Zip Code

33908

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.

DONALD E. MCKIERNAN, TREASURER

SIGNATURE

Donald E. McKiernan

1/18/02

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

TITLE P
NAME HICKEY, EDWARD
STREET ADDRESS 531 SE 32ND STREET
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE ☒ Delete
NAME EVP
PARDI, RICHARD
STREET ADDRESS 4612 SW 3RD AVE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☒ Delete
NAME S
FAULKNER, ROBERT
STREET ADDRESS 1223 SE 1ST STREET
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Delete
NAME T
MCKIERNAN, DONALD
STREET ADDRESS 2104 SW 38TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☒ Delete
NAME D
MASSARO, THOMAS
STREET ADDRESS 421 ISLAMORADA BLVD
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE ☐ Delete
NAME D
GERMINARIO, JOSEPH
STREET ADDRESS 221 SE 21ST TERRACE
CITY-ST-ZIP CAPE CORAL FL 33904

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ~~JOHN~~ MARTIN MARTIN, JON
STREET ADDRESS 4515 SE 11TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☒ Addition
NAME ~~DAVID PAUL~~ PAUL, DAVID
STREET ADDRESS 5329 SW 11TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
MILMONT, GEORGE
STREET ADDRESS 414 NE 14TH AVE
CITY-ST-ZIP CAPE CORAL, FL 33909

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: Donald E. McKiernan, DONALD E. MCKIERNAN, TREAS.

1/18/02 941-54

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)