

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90021 002 \*\*\*\*70.00

**DOCUMENT # N34661**

1. Entity Name

**FLORIDA STATE HORSESHOE PITCHERS ASSOCIATION, IN**

Principal Place of Business

Mailing Address

%RICHARD H. WARREN  
 1848 CRAYTON ROAD  
 NAPLES FL 34102-5003  
 US

%RICHARD H. WARREN  
 1848 CRAYTON ROAD  
 NAPLES FL 34102-5003  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2306520**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WARREN, RICHARD H**  
**1848 CRAYTON RD**  
**NAPLES FL 34102**

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 **PD**  Delete  
 NAME **MICHALEK, JERRY**  
 STREET ADDRESS **2400 LITTLE JOHN CT.**  
 CITY-ST-ZIP **COCOA FL**

TITLE **PD**  Change  Addition  
 NAME **RANDALL, JERRY**  
 STREET ADDRESS **4960 ARBOR ST.**  
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **VD**  Delete  
 NAME **RONALD, DECKARD**  
 STREET ADDRESS **7302 BROOKVIEW CIR**  
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **VD**  Change  Addition  
 NAME **DECKARD, RONALD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **ROOP, WILLIAM**  
 STREET ADDRESS **P.O BOX 7 N/A**  
 CITY-ST-ZIP **LADY LAKE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **ZUMBAHLEN, ROBERT**  
 STREET ADDRESS **127 MELODY LN**  
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **PEPLINSKI, JOHN**  
 STREET ADDRESS **1516 HAYWORTH CR NW**  
 CITY-ST-ZIP **PALM BAY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **GRUBB, MARVIN E**  
 STREET ADDRESS **4540 OSCEOLA RD**  
 CITY-ST-ZIP **TITUSVILLE FL**

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: Ronald Deckard **RONALD DECKARD** 01-29-00 813-884-2932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)