


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90055 020 ****70.00

DOCUMENT # N34661

1. Entity Name
FLORIDA STATE HORSESHOE PITCHERS ASSOCIATION, IN C.



Principal Place of Business Mailing Address

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

90008465



2. Principal Place of Business 3. Mailing Address

% JOHN PEPLINSKI **% JOHN PEPLINSKI**
3550 BOBWHITE CT **3550 BOBWHITE CT**
17ELBOURNE, FL **17ELBOURNE, FL**

CHECK HERE IF MAKING CHANGES

City & State City & State

32904 **BREVARD** **32904** **BREVARD**

4. FEI Number **59-2306520** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN, RICHARD H.
1848 CRAYTON RD
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name **PEPLINSKI JOHN E**
Street Address (P.O. Box Number is Not Acceptable)
3550 BOBWHITE CT
City **17ELBOURNE** **FL** Zip Code **32904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOHN PEPLINSKI** *[Signature]* DATE **1-20-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RANDALL, JERRY	
STREET ADDRESS	4980 ARBOR ST.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DECKARD, RONALD	
STREET ADDRESS	7302 BROOKVIEW CIR	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROOP, WILLIAM	
STREET ADDRESS	P.O BOX 7 N/A	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZUMBAHLEN, ROBERT	
STREET ADDRESS	127 MELODY LN	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PEPLINSKI, JOHN	
STREET ADDRESS	3542 W. BOBWHITE CT.	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRUBB, MARVIN E	
STREET ADDRESS	4540 OSCEOLA RD	
CITY-ST-ZIP	TITUSVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **JOHN PEPLINSKI** DATE **01-20-03** **321-725-0171**

CR2E037 (10/02)