

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 06, 2000 8:00 am
Secretary of State

05-24-2000 90149 009 ****61.25

DOCUMENT # N41405

1. Entity Name

East Clearwater - Safety Harbor Little League, Inc.

Principal Place of Business

28 Turnstone Dr
 Safety Harbor, FL 34695

Mailing Address

P.O. Box 113
 Safety Harbor, FL 34695

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3048243

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAN DONOVAN
 28 Turnstone Dr.
 Safety Harbor, FL 34695

7. Name and Address of New Registered Agent

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

June 22, 2000
 DATE

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 D	<input type="checkbox"/> Delete
NAME	Kevin Thurber	
STREET ADDRESS	306 LOS PRADOS Dr.	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	V O	<input type="checkbox"/> Delete
NAME	DAN DONOVAN	
STREET ADDRESS	28 Turnstone Dr.	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	Jeff Becker	
STREET ADDRESS	2127 N. Bay Hills Blvd	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	S D	<input checked="" type="checkbox"/> Delete
NAME	Lenny Simon	
STREET ADDRESS	3058 CASCADE Dr.	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Camporini	
STREET ADDRESS	1115 Woodcrest Ave	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela Frohlich	
STREET ADDRESS	3108 Thomas Rd	
CITY-ST-ZIP	Clearwater, FL 33759	
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 employment.

SIGNATURE:

Paul Camporini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

813 261-0600

Overtime Phone #

CR2E037 (9/99)