

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90205 048 *****61.25

DOCUMENT # N98000005536

1. Entity Name

TEMPLE TERRACE PONY BASEBALL, INC.

Principal Place of Business

Mailing Address

1505 NORTH FLORIDA AVENUE
 TAMPA FL 33602

1505 NORTH FLORIDA AVENUE
 TAMPA FL 33602

2. Principal Place of Business

P.O. Box 16385

3. Mailing Address

P.O. Box 16385

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEMPLE TERRACE, FL

City & State

TEMPLE TERRACE, FL

Zip **33687**

Country

Zip **33687**

Country

4. FEI Number

65-0876420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H
1505 N. FLORIDA AVENUE
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **DRUMMOND, TEMPLE H.** (SAME)
 Street Address (P.O. Box Number is Not Acceptable) **90 AKEC MAN SENTERFITT** (NEW)
100 S. ASHLEY DR., SUITE 1500
 City **TAMPA** FL Zip Code **33602**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KITCHEN, LONNIE	
STREET ADDRESS	7209 WAREHAM DR	
CITY - ST - ZIP	TAMPA FL 33647	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WINTER, LEE	
STREET ADDRESS	6717 MAYBOLE PL	
CITY - ST - ZIP	TEMPLE TERRACE FL 33617	
TITLE	RD	<input type="checkbox"/> Delete
NAME	REED, FLETCHER	
STREET ADDRESS	10303 RIVERBURN DR	
CITY - ST - ZIP	TAMPA FL 33647	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ADAMS, LORENE	
STREET ADDRESS	4603 E POINSETTA AVE	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANTOS, CHARLENE	
STREET ADDRESS	14550 BRUCE B DOWNS	
CITY - ST - ZIP	TAMPA FL 33613	
TITLE	BD	<input type="checkbox"/> Delete
NAME	CUSMANO, ROBERT	
STREET ADDRESS	4842 E 99TH AVE	
CITY - ST - ZIP	TAMPA FL 33617	

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 REQUIRED

04.30.01

CR2E037 (10/00)