

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734560

1. Entity Name

SKYWAY PARK LITTLE LEAGUE, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90011 050 ****61.25

Principal Place of Business

Mailing Address

SKYWAY PARK
 POST OFFICE BOX 260398
 TAMPA FL 33634
 US

POST OFFICE BOX 260398
 TAMPA FL 33685-0398



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1225447

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

~~BURR, ROBERT~~
 3947 DORAL DRIVE
 TAMPA FL 33634

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

Robert Burr

3-27-00

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	TDD	<input type="checkbox"/> Delete
NAME	BURR, ROBERT	
STREET ADDRESS	3947 DORAL DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARABELLO, LISA	
STREET ADDRESS	6510 LOS ALTOS WAY	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HORNE, BARBARA	
STREET ADDRESS	9514 W. HAMILTON AVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Robert Burr

3-27-00

(813) 886-5606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)