

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743236

1. Entity Name

FIFTY PLUS SOFTBALL LEAGUE OF LEE COUNTY, INC.

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

03-22-2000 90087 008 \*\*\*\*61.25

Principal Place of Business  
1831 S E 26TH TERRACE  
CAPE CORAL FL 33904  
US

Mailing Address  
1831 SE 26TH TERRACE  
CAPE CORAL FL 33904-3246  
US

2. Principal Place of Business  
2104 SW 38th TERRACE

3. Mailing Address  
SAME

Suite, Apt. #, etc.

City & State  
CAPE CORAL FL

City & State  
SAME

Zip  
33914

Country  
USA

Zip  
33914

Country  
USA

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, JERRY  
1831 SE 26TH TERRACE  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name  
Mc KIERNAW, DONALD

Street Address (P.O. Box Number is Not Acceptable)  
2104 SW 38th TERRACE

City  
CAPE CORAL FL Zip Code  
33914

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 Donald E. McKiernaw, TREASURER 3/20/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	P GERMINARIO, JAMES 1445 SE 17TH STREET CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HARRINGTON, DAVE 3645 SE 5TH COURT CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, JERRY 11831 SE 26TH TERR CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARP, RICARDO 16580 WATEREDGE CT FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBSON, WILLIAM 3511 SW 5TH PLACE CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHERSON, SHERWOOD N 3527 SW 5TH PLACE CAPE CORAL FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HOBSON, WILLIAM 3511 SW 5TH PLACE CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HARDI, RICHARD 4612 SW 3RD AVE CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LEWIS, JOHN 302 TUDOR DRIVE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Mc KIERNAW, DONALD 2104 SW 38th TERRACE CAPE CORAL, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Boesler, DONALD 321 SW 32nd ST. CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MERIDITH, OWEN 1232 SW 4th COURT CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Donald E. McKiernaw 3/20/2000 941-549-3792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)