

2000 UNIFORM BUSINESS REPORT (UBR)

2/4/00-90016-027-\$61.25-\$61.25

DOCUMENT # 763736

Entity Name

MISS FLORIDA SOFTBALL, INC.

FILED

00 MAR 13 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
359 DIAMOND ROAD
WINTER HAVEN FL 33880Mailing Address
4359 DIAMOND ROAD
WINTER HAVEN FL 33880-1503

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3564015

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CAMECHIS, TAMMY L
4359 DIAMOND ROAD
WINTER HAVEN FL 33880

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PD NAME: CAMECHIS, TAMMY L STREET ADDRESS: 4359 DIAMOND ROAD CITY-ST-ZIP: WINTER HAVEN FL 33880 <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: CONNER, LOY STREET ADDRESS: 695 S OAK AVENUE CITY-ST-ZIP: BARTOW FL 33830 <input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: Terry Murphy STREET ADDRESS: P.O. Box 7453 CITY-ST-ZIP: Sarasota, FL 34278-7453 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: GRAY, MICHELE STREET ADDRESS: 3707 J.A. FENTON ROAD CITY-ST-ZIP: LAKELAND FL 33810 <input checked="" type="checkbox"/> Delete	TITLE: STD NAME: Mike Butler STREET ADDRESS: 3501 Dove Tail Lane S. CITY-ST-ZIP: Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/2000 (803) 283-1450