

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763736

1. Entity Name

MISS FLORIDA SOFTBALL, INC.

Principal Place of Business

Mailing Address

4359 DIAMOND ROAD
WINTER HAVEN FL 33880

4359 DIAMOND ROAD
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMECHIS, TAMMY L
4359 DIAMOND ROAD
WINTER HAVEN FL 33880

Name Danielle C. DeFelice

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

612 Glad Rd

City Winter Haven

FL

Zip Code 33880

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
After September 12, 2001, min. will be \$236.25

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 PD
NAME CAMECHIS, TAMMY L
STREET ADDRESS 4359 DIAMOND ROAD
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

TITLE PD
NAME Murphy, Terry
STREET ADDRESS P.O. Box 7453
CITY-ST-ZIP Sarasota, FL 34278-7453 ☒ Change ☐ Addition

TITLE VPD
NAME MURPHY, TERRY
STREET ADDRESS P.O. BOX 7453
CITY-ST-ZIP SARASOTA FL 34278-7453 ☐ Delete

TITLE VPD
NAME Mike Farmer
STREET ADDRESS P.O. Box 1203
CITY-ST-ZIP Auburndale, FL 33823 ☒ Change ☐ Addition

TITLE STD
NAME BUTLER, MIKE
STREET ADDRESS 3501 DOVETAIL LANE S.
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE STD
NAME Danielle DeFelice
STREET ADDRESS 612 Glad Rd
CITY-ST-ZIP Winter Haven, FL 33880 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME 500004694995--9
STREET ADDRESS -11/27/01--01046--015
CITY-ST-ZIP *****236.25 *****236.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE REQUIRED Danielle C. DeFelice 10/14/01 863 968-1098

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 OCT 31 AM 9:32



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

01

4. FEI Number 59-3564015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

0012984

CR2E037 (5/01)