

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765271

1. Entity Name

EAST PASCO GIRL'S SOFTBALL LEAGUE OF ZEPHYRHILLS

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90016 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4626 KRUSEN FIELD RD  
P O BOX 15  
ZEPHYRHILLS FL 33539-0015  
US

P O BOX 15  
PO BOX 15  
ZEPHYRHILLS FL 33539-0015  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2772110

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

JORDAN, CLARENCE E  
4448 STILLMAN ST  
ZEPHYRHILLS FL 33540

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

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 PD ☐ Delete  
NAME JORDAN, CLARENCE E  
STREET ADDRESS 4448 STILLMAN ST  
CITY-ST-ZIP ZEPHYRHILLS, FL 00000

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

TITLE VP ☒ Delete  
NAME RICK GOLLHARDT  
STREET ADDRESS 6433 SILVER OAKS DR  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE VP ☒ Change ☐ Addition  
NAME Tom Patterson  
STREET ADDRESS 38924 Pattie Rd  
CITY-ST-ZIP Zephyrhills, FL 33540

TITLE T ☐ Delete  
NAME JORDAN, LOUISE  
STREET ADDRESS 4448 STILLMAN ST.  
ST-ZIP ZEPHYRHILLS, FL 00000

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

TITLE S ☒ Delete  
NAME LAURA CLARK  
STREET ADDRESS P O BOX 6228 N/A  
ST-ZIP ZEPHYRHILLS FL 33540

TITLE S ☒ Change ☐ Addition  
NAME Marjorie Smith  
STREET ADDRESS 39233 8th Av  
CITY-ST-ZIP Zephyrhills, FL 33540

TITLE D ☒ Delete  
NAME ROBIN COUNSELL  
STREET ADDRESS 7427 - 20TH ST  
ST-ZIP ZEPHYRHILLS, FL 00000 33540

TITLE D ☒ Change ☐ Addition  
NAME Laura Clark  
STREET ADDRESS P.O. Bx 6228  
CITY-ST-ZIP Zephyrhills, FL 33540

TITLE D ☒ Delete  
NAME DAVID MOREL  
STREET ADDRESS 38603 YOUNG DR  
ST-ZIP ZEPHYRHILLS, FL 00000 33540

TITLE ☒ Change ☐ Addition  
NAME Dotta Ungerer  
STREET ADDRESS 5427 Lisa Cir  
CITY-ST-ZIP Zephyrhills, FL 33541

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

2-22-00 813 282 4969

Date

Daytime Phone #

CR2E037 (9/99)