

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765271

1. Entity Name

EAST PASCO GIRL'S SOFTBALL LEAGUE OF ZEPHYRHILLS  
, INC.

Principal Place of Business

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

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

59-2772110

Applied For

Not Applicable

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

T ☒ Change ☐ Addition  
NAME Bullock Kelly  
STREET ADDRESS 38921 Carr Dr  
CITY-ST-ZIP Zephyrhills FL 33540

TITLE VP ☐ Delete  
NAME PATTERSON, TOM  
STREET ADDRESS 38924 PATTIE RD  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE T ☒ Delete  
NAME RONGEY, MARY  
STREET ADDRESS 8805 MORASH ST  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE D ☐ Delete  
NAME BULLOCK, KELLY  
STREET ADDRESS 38921 CARR DRIVE  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE D ☐ Delete  
NAME CLARK, LAURA  
STREET ADDRESS PO BOX 6228  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE S ☐ Delete  
NAME UNGERER, COTTA  
STREET ADDRESS 5427 LISA CIR  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE ☐ Change ☐ Addition  
NAME Ungerer  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 17, 2002 8:00 am  
Secretary of State

01-17-2002 90033 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)