

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90173 015 \*\*\*\*\*61.25

0080321

**DOCUMENT # N00000000312**

1. Entity Name

**SOUTH TAMPA SOFTBALL CLUB, INC.**

Principal Place of Business

**4909 SAN MIGUEL  
TAMPA FL 33629**

Mailing Address

~~**4909 SAN MIGUEL  
TAMPA FL 33629**~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. Box 10178**

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

Zip

**33679**

Country

**USA**

4. FEI Number

**59-3574342**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CASTELLI, JORGE  
4909 SAN MIGUEL  
TAMPA FL 33629**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASTELLI, JORGE	
STREET ADDRESS	4909 SAN MIGUEL	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PORTUGUES, ANGEL	
STREET ADDRESS	4610 WISHART	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MENARD, JOHN	
STREET ADDRESS	4511 SAN RAFAEL	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	<del>TD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>GUGGINO, CARMELO</del>	
STREET ADDRESS	<del>3911 SAN MIGUEL</del>	
CITY-ST-ZIP	<del>TAMPA FL 33629</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*John Menard*

**JOHN MENARD, Sec.**

**4/20/2001**

**813-229-3100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)