

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002339

1. Entity Name

INTERNATIONAL SKIMMERBALL FEDERATION, INC.

Principal Place of Business

RT. 3, BOX 581  
TALLAHASSEE FL 32308

Mailing Address

RT. 3, BOX 581  
TALLAHASSEE FL 32308

2. Principal Place of Business

7578 BROADVIEW FARMS  
LANE

3. Mailing Address

P.O. BOX 13442

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

City & State

TALLAHASSEE, FLORIDA

Zip

32308

Country

LEON

Zip

32317

Country

LEON

4. FEI Number

☒ 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

LA BELLE, III, RICHARD D ESQ.  
3446 LAKE DR.  
PALM HARBOR FL 34683

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 D ☐ Delete  
NAME MOORE, THOMAS R ESQ.  
STREET ADDRESS RT. 3, BOX 581  
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE D ☐ Delete  
NAME MOORE, CAROL ANN M  
STREET ADDRESS RT. 3, BOX 581  
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE D ☐ Delete  
NAME MEEKS, CHARLES A  
STREET ADDRESS 1452 CRESTVIEW ST.  
CITY-ST-ZIP CLEARWATER FL 33760

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-01 850-321-7770

Date

Daytime Phone #

CR2E037 (10/00)