

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90438 008 \*\*\*\*61.25

**DOCUMENT # N00000004960**

1. Entity Name

**MISS BARTOW SOFTBALL, INC.**



Principal Place of Business

**3120 RIVER OAK DRIVE  
BARTOW FL 33831**

Mailing Address

**POST OFFICE BOX 1314  
BARTOW FL 33831-1314**

**70006693**



☐ CHECK HERE IF MAKING CHANGES

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 **59-3666320**

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

**LUNSFORD, LYNN  
3120 RIVER OAK DRIVE  
BARTOW FL 33831**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Lynn Lunsford*

Signature of registered agent or printer name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Jan. 8, 2003*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **LUNSFORD, LYNN**  
STREET ADDRESS **3120 RIVER OAK DR.**  
CITY-ST-ZIP **BARTOW FL 33830**

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

TITLE **VD** ☒ Delete  
NAME **RUIZ, JEFF**  
STREET ADDRESS **P.O BOX 2454**  
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **President** ☐ Change ☒ Addition  
NAME **Edward Martin**  
STREET ADDRESS **1620 Varner Ct.**  
CITY-ST-ZIP **Bartow, FL. 33830**

TITLE **T** ☐ Delete  
NAME **WILE, DANA**  
STREET ADDRESS **645 W PEARL STREET**  
CITY-ST-ZIP **BARTOW FL 33830**

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

TITLE **SD** ☒ Delete  
NAME **MILLS, JILL**  
STREET ADDRESS **509 MIMOSA AVE.**  
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Kim Kelly**  
STREET ADDRESS **1035 Trask Lane**  
CITY-ST-ZIP **Bartow, FL. 33830**

TITLE **D** ☒ Delete  
NAME **FUSSELL, ANNETTE**  
STREET ADDRESS **1799 KING ROAD**  
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D.** ☐ Change ☒ Addition  
NAME **Mark Meeks**  
STREET ADDRESS **1240 Hooker St.**  
CITY-ST-ZIP **Bartow, FL. 33830**

TITLE **D** ☐ Delete  
NAME **CONNER, LOY**  
STREET ADDRESS **695 S OAK AVENUE**  
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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: *Lynn Lunsford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-03 863-533-0213**

CR2E037 (10/02)