## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # N00039** Mar 01, 2000 8:00 am Secretary of State 1. Entity Name PINELLAS PARK AMERICAN LITTLE LEAGUE, INC. 03-01-2000 90002 025 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 1942 4100 66TH AVE. N. PINELLAS PARK FL 33780-1942 PINELLAS PARK FL 34665 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0012289 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Blowers Street Address (P.O. Box Number is Not Acceptable) BORGESON, JON 4221-71ST-AVENUE NORTH PINELLAS PARK FL 33781 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 (NOTE: Registered Agent signature required when reinstating) 划1974、流光。 FILE NOW: Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. President ☐ Addition TITLE TITLE PCD Delete mike Blowers NAME NAME BORGESON, JON 6881 445 N. STREET ADDRESS STREET ADDRESS 4221 71ST AVENUE NORTH Pinellas Park Flo 33781 CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Addition ☐ Delete TITLE TITLE NAME NAME ANDRIX, JOHN STREET ADDRESS STREET ADDRESS 1460 67TH AVE N CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 --☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME TENNEY, TRACY NAME STREET ADDRESS STREET ADDRESS 3311 56TH AVE N. CITY-ST-7IP CITY-ST-ZIP ST PETERSBURG FL 33714 Vile President Cynthia Andrix 4160 675 Ave M. Addition Change Delete TITLE TITLE BLOWERS, MIKE NAME NAME STREET ADDRESS STREET ADDRESS 6881 44TH ST N Pinellar Park FL 33180 CITY- ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 Change ☐ Addition TITLE Delete TITLE NAME NAME andrix, cynthia STREET ADDRESS STREET ADDRESS 4160 67TH AVE. N. CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 Change ☐ Addition Delete 71**7**1 F TITLE TOMLINSON, BUD NAME STREET ADDRESS STREET ADDRESS 5531 64TH AVE N CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 12. I hereby certify that the information supplied with this filling 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 occurate 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 affecting like empowered.

2-20-00

Daytime Phone #