

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90240 004 ****61.25

DOCUMENT # N00039

1. Entity Name

PINELLAS PARK AMERICAN LITTLE LEAGUE, INC.

Principal Place of Business

4100 66TH AVE. N.
PINELLAS PARK FL 34665

Mailing Address

P.O. BOX 1942
PINELLAS PARK FL 33780

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0012289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDRIX, CYNTHIA
PO BOX 1942
4160 67TH AVE N
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name ANGIE BORING
Street Address (P.O. Box Number is Not Acceptable)
2548 47TH AVE N.
City ST. PETE FL Zip Code 33714

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 checked="" type="checkbox"/> Delete |
| NAME | ABDRIX, CYNTHIA | |
| STREET ADDRESS | 4160 67TH AVE N | |
| CITY-ST-ZIP | PINELLAS PARK FL 33781 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | KARSEY, DUSTY | |
| STREET ADDRESS | 3132 56TH AVE N | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33714 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | BORING, ANGIE | |
| STREET ADDRESS | 2548 47TH AVE N | |
| CITY-ST-ZIP | ST PETERSBURG FL 33714 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | WAREHAM, JIM | |
| STREET ADDRESS | 3305 56TH AVE N | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33714 | |
| TITLE | PA | <input checked="" type="checkbox"/> Delete |
| NAME | GEORGE, RANDY | |
| STREET ADDRESS | 4521 70TH AVE | |
| CITY-ST-ZIP | PINELLAS PARK FL 33781 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | WATTARRO, HECTOR | |
| STREET ADDRESS | 7631 35TH ST #C | |
| CITY-ST-ZIP | PINELLAS PARK FL 33781 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | BORING, ANGIE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2548 47TH AVE N | |
| STREET ADDRESS | ST. PETE, FL 33714 | |
| CITY-ST-ZIP | | |
| TITLE | TOM SCHROEDER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5225-55 STN. | |
| STREET ADDRESS | ST PETERSBURG, FL 33709 | |
| CITY-ST-ZIP | | |
| TITLE | DONNA WHATLEY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 9975 7TH WAY N #101 | |
| STREET ADDRESS | St Petersburg FL 33702 | |
| CITY-ST-ZIP | | |
| TITLE | SAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | RAY LANNERS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4281 68TH AVE N. | |
| STREET ADDRESS | PINELLAS PARK FL 33781 | |
| CITY-ST-ZIP | | |
| TITLE | TOM DENCE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5257 PARK BLVD N | |
| STREET ADDRESS | PINELLAS PARK, FL 33781 | |
| 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 #

CR2E037 (9/01)