

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91465 012 \*\*\*\*61.25

**DOCUMENT # NO1000004917**

1. Entity Name

**PALM BEACH FASTPITCH SOFTBALL, INC.**

Principal Place of Business

Mailing Address

713 GUM TREE RD.  
 N. PALM BCH FL 33408

713 GUM TREE RD.  
 N. PALM BCH FL 33408

2. Principal Place of Business

3. Mailing Address

**1645 PALM BEACH LAKES BLVD**

**1645 PALM BEACH LAKES BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**160**

**160**

City & State

City & State

**WEST PALM BEACH FL**

**WEST PALM BEACH FL**

Zip

Country

Zip

Country

**33401**

**PALM BEACH**

**33401**

**PALM BEACH**

4. FEI Number

**65-1121278**

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

**JACKSON, RANDY**  
**713 GUM TREE RD.**  
**N. PALM BCH FL 33408**

Name **THOMAS E. COCHRANE, JR.**

Street Address (P.O. Box Number is Not Acceptable)

**2801 EXCHANGE COURT**

City

**WEST PALM BEACH**

FL

Zip Code

**33409**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>JACKSON, RANDY</b><br><b>713 GUM TREE RD.</b><br><b>N. PALM BCH FL 33408</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>JACKSON, CONNIE</b><br><b>713 GUM TREE RD.</b><br><b>N. PALM BCH FL 33408</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>JACKSON, ERIC</b><br><b>713 GUM TREE RD.</b><br><b>N. PALM BCH FL 33408</b>   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D, P</b><br><b>KENNETH L. TOWNSEND</b><br><b>4 BANNOCK RD</b><br><b>PALM BEACH GARDENS, FL 33418</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MARY BETH TOWNSEND</b><br><b>4 BANNOCK RD</b><br><b>PALM BEACH GARDENS, FL 33418</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-02**

**561-712-0005**

Date

Daytime Phone #

CR2E037 (9/01)