

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

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90141 005 ****61.25

DOCUMENT # N01000005576



1. Entity Name
SAINT CLOUD YOUTH SOFTBALL, INC.

Principal Place of Business Mailing Address
3225 CORD AVE 3225 CORD AVE
ST CLOUD FL 34772 ST CLOUD FL 34772

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 **59-3735044**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LIEBNITZKY, WAYNE
3225 CORD AVE
ST CLOUD FL 34772

7. Name and Address of New Registered Agent

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5/4/03**

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

TITLE **D** ☐ Delete
NAME **LIEBNITZKY, WAYNE**
STREET ADDRESS **3225 CORD AVE**
CITY-ST-ZIP **ST CLOUD FL 34772**

TITLE **D** ☒ Delete
NAME **WACASTER, PAUL**
STREET ADDRESS **1122 CAROLINA AVE**
CITY-ST-ZIP **ST CLOUD FL 34744**

TITLE **D** ☐ Delete
NAME **LIEBNITZKY, DIANNA**
STREET ADDRESS **3225 CORD AVE**
CITY-ST-ZIP **ST CLOUD FL 34772**

TITLE **D** ☒ Delete
NAME **RYAN, TOM**
STREET ADDRESS **1300 E. LAKESHORE BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **D** ☐ Delete
NAME **CHAD STULTZ**
STREET ADDRESS **6091 S. KALISA DR.**
CITY-ST-ZIP **ST. CLOUD, FL 34771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **CHAD STULTZ**
STREET ADDRESS **6091 S. KALISA DR.**
CITY-ST-ZIP **ST. CLOUD, FL 34771**

TITLE ☐ Change ☐ Addition
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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 REQUIRED

5/4/03

CR2E037 (10/02)