

2001¹ UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90045 047 ****61.25

DOCUMENT # N02665

1. Entity Name

SOUTH SUMTER GIRL'S SOFTBALL LEAGUE, INC.

Principal Place of Business

Mailing Address

PO BOX 1618
BUSHNELL FL 33513
US

PO BOX 1618
BUSHNELL FL 33513
US

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

59-2878448

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

ELLIS, TOMMY
3371 CR 619
PO BOX 1618
BUSHNELL FL 33513

Name **BERRY, BRIAN**
Street Address (P.O. Box Number is Not Acceptable)
2863 CR 610
PO Box 1618
City **BUSHNELL** FL Zip Code **33513**

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 **BRIAN BERRY, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

Brian Berry

1-8-2001
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 ☒ Delete
NAME **P**
STREET ADDRESS **ELLIS, TOMMY**
CITY-ST-ZIP **3371 CR 619**
BUSHNELL FL 33513

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **BERRY, BRIAN**
CITY-ST-ZIP **2863 CR 610**
BUSHNELL FL 33513

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **MCCANN, ROY**
CITY-ST-ZIP **4624 CR 625**
BUSHNELL FL 33513

TITLE ☒ Change ☐ Addition
NAME **V/D**
STREET ADDRESS **COLLINS, KATHY**
CITY-ST-ZIP **2167 W CR 476**
BUSHNELL FL 33513

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HARRISON, BRYAN**
CITY-ST-ZIP **517 CR 549**
BUSHNELL FL 33513

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **CONNIE WEBB**
CITY-ST-ZIP **304 JUMPER DRIVE S.**
BUSHNELL FL 33513

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **COLLINS, KATHY**
CITY-ST-ZIP **2167 W CR 476**
BUSHNELL FL 33513

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **TINA THOMAS**
CITY-ST-ZIP **318 CR 534**
BUSHNELL FL 33513

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **COSSIN, GENEVA**
CITY-ST-ZIP **437 CR 487A**
LAKE PANASOFFKEE FL 33538

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **VICTORIA WICHES**
CITY-ST-ZIP **321 W. PALM AVE**
BUSHNELL FL 33513

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **PARISH, KATHY**
CITY-ST-ZIP **4791 CR 683**
WEBSTER FL 33597

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **PAT BURCHFIELD**
CITY-ST-ZIP **4596 S.E 14TH TERRACE**
BUSHNELL FL 33513

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: **BRIAN BERRY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Berry

1-8-2001
Date

352-603-0001
Daytime Phone #

CR2E037 (10/00)