


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90082 015 \*\*\*\*61.25

<b>DOCUMENT # N04000008030</b> 1. Entity Name <b>HILLSBOROUGH COUNTY UMPIRE'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 2462 BRANDON, FL 33509</b>			Mailing Address <b>P.O. BOX 2462 BRANDON, FL 33509</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LANE, PRICILLA 4042 FORECAST DRIVE BRANDON, FL 33511</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u><i>Pricilla Lane</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>5/1/05</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARGO, MARK SR.</b>			NAME	
STREET ADDRESS	<b>502 EMBERWOOD DRIVE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON, FL 33511</b>			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, THERESA</b>			NAME	
STREET ADDRESS	<b>9086 ARNDALE CIRCLE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 33615</b>			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIGGSBEE, TERRY</b>			NAME	
STREET ADDRESS	<b>1410 DURANT ROAD</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON, FL 33511</b>			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUSTICE, JOHN</b>			NAME	
STREET ADDRESS	<b>3622 GAVIOTA DRIVE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>RUSKIN, FL 33573</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 employees.					
SIGNATURE: <u><i>John Justice</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>5/1/05</u> DAYTIME PHONE # <u>813-6336649</u>	