

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90032 010 ****61.25

DOCUMENT # N16200

1. Entity Name

TAMPA - H.C.P.R.D. AMATEUR SOFTBALL ASSOCIATION.

Principal Place of Business

Mailing Address

%JONATHAN W. SINCLAIR
1101 RIVER COVE DRIVE
TAMPA FL 33604

%JONATHAN W. SINCLAIR
1101 RIVER COVE DRIVE
TAMPA FL 33604

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

59-3006863

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

SINCLAIR, JONATHAN W.
1101 RIVER COVE DRIVE
TAMPA FL 33604

Name **Scott Burkett**
Street Address (P.O. Box Number is Not Acceptable)
1101 River Cove Drive
City **Tampa** FL **33604**

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 **Scott Burkett** **SCOTT BURKETT (SD)**

05 June 2000

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	TD	<input checked="" type="checkbox"/> Delete
NAME	SINCLAIR, JONATHAN W.	
STREET ADDRESS	5424 PINE STREET	
CITY-ST-ZIP	SEFFNER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURKETT, SCOTT D.	
STREET ADDRESS	310 S. ALBANY AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, JOHN S.	
STREET ADDRESS	2410 ELM STREET	
CITY-ST-ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lane, Priscilla	
STREET ADDRESS	1434 Highland Ridge Cir	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burkett, Scott	
STREET ADDRESS	4705 Pearl Ave.	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **Scott Burkett** **SCOTT BURKETT**

05 June 2000 813 744 5595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)