Applied For

Not Applicable

## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N19782**

1. Corporation Name

TRIANGLE UMPIRES ASSOCIATION, INC.

Principal Place of Business 10925 WHISPERING OAKS CIR

RIVERVIEW FL 33569

2. Principal Place of Business

Suite, Apt. #, etc.

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Mailing Address

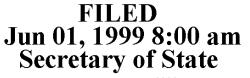
2a. Mailing Address

Suite, Apt. #, etc.

10925 WHISPERING OAKS CIR RIVERVIEW FL 33569

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06-01-1999 90016 026 \*\*\*\*61.25

|--|--|--|

3. Date Incorporated or Qualifed

03/23/1987

59-2895860

4. FEI Number

City & State	e	City & State				5. Certifcate of Status Desired		<b>ֆ8./う</b> Additional Fee Required				
23		28										
Zip	Country	Zip Country				6. Election Campaign Financing			.00 №	- 1		
24	25 29 30			Trust Fund Contribution						Added to Fees		
	9. Name and Address of Current F	Registered Agent		241		10. Name and Address of New I	Registerea A	gent				
				81	Name							
GRADY, J	OHN P.		ł	82	Street A	able)						
1916-DIER		-					····					
	IISPERING OAKS CIRCLE	·		83								
RIVERVIEW FL 33569			ļ	84	City				85 Zip Code			
-			İ		•		F <u>L</u>	1 1				
Office or n	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change w	vas autnorized	DV I	ine corpoi	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of o pt the appoin	changi tment	ng its r as regi	egistered istered		
SIGNATURE			(NOTE: Decisioned	Acen	nianatura ra	quired when reinstating)	DATE					
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	- Ger	Signature	ADDITIONS/CHANGES TO OF		D DIR	CTOR	S IN 12		
TITLE	D OTTOEKS AND	DELET	E 1.1 TIT	LE	Т			Ch		Addition		
	<del>-</del>	<b></b>	1.2 NA									
NAME	GRADY, JOHN P s 10925 WHISPERING OAKS CIRCLE				ADDRESS							
STREET ADORESS		£										
CITY-ST-ZIP	RIVERVIEW FL			1.4 CITY-ST-ZIP		1994 - Harris Andrews Const.		Ch	ange	Addition		
TITLE	D DOMBIE MILLIAM O		2.2 NA		1				_			
NAME	BROWNE, WILLIAM O				ADDRESS							
STREET ADDRESS	<b></b>											
CITY-ST-ZIP	VALRICO FL			TY-S	1-212			☐ Ch	ange	☐ Addition		
TITLE	0		1		1							
NAME	PACE, MEL		3.2 NA							1		
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP	VALRICO FL		3.4. CI		T-ZIP			∏ Ch	anna	Addition		
TILE		☐ DELET			1			Ц.	ange			
NAME			4. 2 N									
STREET ADDRESS	!		4.3 ST	REET	ADDRESS							
CITY-ST-ZIP			4.4 CF		r-ZIP		<del></del>	□ Ch		Addition		
TITLE		☐ DELET			- 1			0	iai iye			
NAME			5.2 NA									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP			5.4 CI		-ZIP							
TITLE		[] DELET						□ Ct	ange	Addition		
NAME			6.2 NA		ļ							
STREET ADDRESS			6.3 ST	REET	ADDRESS							
CITY-ST-ZIP			6.4 01							_		
44	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	this filing doop not much	if for the eve	moti	on stated	in Section 119.07(3)(i), Florida Statutes.	I further cert	ify tha	t the in	formation		

indicated on this annual report or supplied who has ming does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED