

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90039 019 \*\*\*\*61.25

0057469

**DOCUMENT # N19782**  
 1. Entity Name  
**TRIANGLE UMPIRES ASSOCIATION, INC.**

Principal Place of Business 10925 WHISPERING OAKS CIR RIVERVIEW FL 33569 US	Mailing Address 10925 WHISPERING OAKS CIR RIVERVIEW FL 33569 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2895860</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**GRADY, JOHN P.**  
**10925 WHISPERING OAKS CIRCLE**  
**RIVERVIEW FL 33569**

**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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRADY, JOHN P</b>	
STREET ADDRESS	<b>10925 WHISPERING OAKS CIRCLE</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROWNE, WILLIAM O</b>	
STREET ADDRESS	<b>2709 CEDARCREST PL</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PACE, MEL</b>	
STREET ADDRESS	<b>2405 E. BLOOMINGDALE</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLAND, JON</b>	
STREET ADDRESS	<b>12819 FALLOWOOD DR.</b>	
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARROLL, STEVE</b>	
STREET ADDRESS	<b>BOX 204</b>	
CITY-ST-ZIP	<b>WIMAUVA, FL 33598</b>	
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 all other like empowered.

SIGNATURE: *John P. Grady* *5/21/01* *813/677-1960*

CR2E037 (10/00)