

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90411 041 \*\*\*\*61.25

**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**

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

**59-2895860**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRADY, JOHN P.  
 10925 WHISPERING OAKS CIRCLE  
 RIVERVIEW FL 33569**

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 \_\_\_\_\_

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	<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 type="checkbox"/> Delete
NAME	<b>BLAND, JON</b>	
STREET ADDRESS	<b>12819 TALLOWOOD DR</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARROLL, STEVE</b>	
STREET ADDRESS	<b>BOX 206</b>	
CITY-ST-ZIP	<b>WIMAUMA FL 33598</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*John P. Grady*  
 Date **5/1/02**

Daytime Phone # **813/677-1960**

CR2E037 (9/01)