

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20728

1. Entity Name

BAY POINT LITTLE LEAGUE, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90082 039 ****61.25

Principal Place of Business

1800 54TH AV. SO.
ST. PETE FL 33712
US

Mailing Address

5201 CENTRAL AVE.
ST. PETERSBURG FL 33710

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

52-1251256

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

LIGON, REGINALD
5201 CENTRAL AVE.
ST. PETERSBURG FL 33701

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	PD	<input type="checkbox"/> Delete
NAME	LIGON, REGINALD	
STREET ADDRESS	5201 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEMAIO, BRUCE	
STREET ADDRESS	2760 62 ND AV. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCLUNE, MISSY	
STREET ADDRESS	2760 62ND AVE SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GROVE, LISA	
STREET ADDRESS	2275 68TH AV. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCune, Missy	
STREET ADDRESS	6024 6th Ave. No.	
CITY-ST-ZIP	St. Petersburg, FL 33710	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lisa A. Grove Lisa A. Grove 2/28/00 727-864-0504

CR2E037 (9/99)