

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90034 042 \*\*\*\*70.00

**DOCUMENT # N20728**

1. Entity Name

**BAY POINT LITTLE LEAGUE, INC.**

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 ☐ Delete  
 NAME LIGON, REGINALD  
 STREET ADDRESS 5201 CENTRAL AVE.  
 CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD ☒ Delete  
 NAME DEMAYO, BRUCE  
 STREET ADDRESS 2760 62 ND AV. SO.  
 CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☐ Change ☒ Addition  
 NAME VPD  
 STREET ADDRESS Randy Shoemaker  
 CITY-ST-ZIP 6357 Bahia Del Mar  
 St Petersburg, FL 33715

TITLE S ☒ Delete  
 NAME MCLUNE, MISSY  
 STREET ADDRESS 6024 6TH AVE NO  
 CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE ☐ Change ☒ Addition  
 NAME SEC  
 STREET ADDRESS Pam Smith  
 CITY-ST-ZIP 4279 TARPON DR. S.E.  
 ST. PETERSBURG, FL 33705

TITLE TD ☒ Delete  
 NAME GROVE, LISA  
 STREET ADDRESS 2275 68TH AV. SO.  
 CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☐ Change ☒ Addition  
 NAME TD  
 STREET ADDRESS SUSIE SHOEMAKER  
 CITY-ST-ZIP 6357 Bahia Del Mar  
 St, Petersburg FLA 33715

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**REGINALD LIGON**

Date

Daytime Phone #

**1/23/01**

CR2E037 (10/00)