

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20728

1. Entity Name

BAY POINT LITTLE LEAGUE, INC.

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90060 005 ****61.25

0042219

Principal Place of Business 54TH AV. SO. ST. PETE FL 33712 US	Mailing Address 5301 CENTRAL AVE. ST. PETERSBURG FL 33716
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THIS WAY TO THE WAY

2. Principal Place of Business 5800 12 St. South Suite, Apt. #, etc. St. Petersburg City & State Fl. Zip 33712 Country Pinellas	3. Mailing Address 4905 34 St. South Suite, Apt. #, etc. Box # 189 St. Petersburg Fl. City & State St. Petersburg Fl. Zip 33711 Country Pinellas
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DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1251256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIGON, REGINALD 5301 CENTRAL AVE. ST. PETERSBURG FL 33701
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD LIGON, REGINALD 5201 CENTRAL AVE. ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHOEMAKER, SUSIE 6357 BAHIA DEL MAR SAINT PETERSBURG FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHOEMAKER, RANDY 6357 BAHIA DEL MAR SAINT PETERSBURG FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SMITH, PAM 4279 TARPON DR S E SAINT PETERSBURG FL 33705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lisa Shoemaker Treasurer 727-866-9361

CR2E037 (9/01)