

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 27, 2002 8:00 am
Secretary of State

05-27-2002 90351 027 ****61.25

DOCUMENT # N28330

1. Entity Name

LAKE WORTH GIRLS SOFTBALL, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 6908
LAKE WORTH FL 33466

POST OFFICE BOX 6908
LAKE WORTH FL 33466

2. Principal Place of Business

1716 12th AVE North

3. Mailing Address

1716 12th AVE North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FLORIDA

City & State

LAKE WORTH FLORIDA

Zip

33460

Country

PALESTINE

Zip

33460

Country

PALESTINE

4. FEI Number

65-0070621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURCOTTE, BRIAN
1308 LONGARZO PLACE
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name: RICHARD H. OYER
Street Address (P.O. Box Number is Not Acceptable):
1716 12th AVE NORTH
City: LAKE WORTH FL Zip Code: 33460

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

Richard H. Oyer

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.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURCOTTE, BRIAN 1308 LONGARZO PL WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORAN, BOB 3600 S CONGRESS AVE BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REPUCCI, MARGARET 3600 S CONGRESS AVE BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RICHARD OYER 1716 12th AVE NORTH LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SUZANNE MARTINEZ 1715 12th AVE NORTH LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAUL SHIVERS 1515 14th AVE NORTH LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

Richard H. Oyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)