

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37317

1. Entity Name

BARTOW GIRLS FASTPITCH SOFTBALL, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90031 035 ****70.00

Principal Place of Business

Mailing Address

BARTOW PARK
555 STATE ROAD
BARTOW FL 33830
US

PO BOX 1314
BARTOW FL 33831-1314
US

2. Principal Place of Business

3. Mailing Address

Bartow Park

Suite, Apt. #, etc.

555 State Rd.

P.O. Box 1314

City & State

City & State

Bartow, FL

Bartow, FL

Zip
33830

Country
Polk

Zip
33830

Country
Polk

4. FEI Number

59-3069409

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

HINTON, BRIAN D
220 E MAIN SUITE ONE
BARTOW FL 33830

Name

Lynn Lunsford

Street Address (P.O. Box Number is Not Acceptable)

3120 River Oak Dr.

City

Bartow

FL

Zip Code

33830

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

TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	MCDANIEL, LYDIA J	
STREET ADDRESS	P.O. BOX 226	
CITY-ST-ZIP	BARTOW FL 33837	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, THOMAS E	
STREET ADDRESS	955 S. DUDLEY AVE.	
CITY-ST-ZIP	BARTOW FL 33831	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SANCHEZ, JOANNE	
STREET ADDRESS	900 W. VINE ST.	
CITY-ST-ZIP	BARTOW FL 33830	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mark Olinger	
STREET ADDRESS	1305 Gordon ave. S	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Lunsford	
STREET ADDRESS	3120 River Oak Dr.	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loy Conner	
STREET ADDRESS	695 Oak Ave. S.	
CITY-ST-ZIP	Bartow, FL 33830	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn Lunsford

Date

1-6-00

Daytime Phone #

863-533-0213

CR2E037 (9/99)