

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
 04-18-2000 90238 007 ****61.25

DOCUMENT # N93000005679

i. Entity Name

LAKELAND DIAMONDS, GIRLS FASTPITCH SOFTBALL, INC

Principal Place of Business

Mailing Address

OFFICE BOX 5800
 LAKELAND FL 33807

POST OFFICE BOX 5800
 LAKELAND FL 33807-5800

C0065294



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3215446

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REESE, RAND
5888 LAKE VICTORIA PL
LAKELAND FL 33813

Name

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

City

FL

Zip Code

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD
REESE, RAND
5888 LK VICTORIA PL
LAKELAND 33813

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VPD
Benson, Shad
3904 Cheverly Dr. E
Lakeland FL 33813

☐ Change

☒ Addition

VPD
GEORGES, BOB
102 SHADOW LN
LAKELAND FL 33811

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

STD
DYNES, DONNA J
3454 CHRISTINA GROVES DR N
LAKELAND FL 33811

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

D
CONNALLY, MARILYN
5710 DEER FLAG D
LAKELAND FL 33811

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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

Donna J. Dynes, Secretary

Date

Daytime Phone #

863-648-1179

4-10-00

CR2E037 (9/99)