

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003561

1. Entity Name

MISS PINELLAS PARK SOFTBALL, INC.

Principal Place of Business

Mailing Address

7500-61ST ST. NO
PINELLAS PARK FL 33781

P.O. BOX 2124
PINELLAS PARK FL 33780-2124

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

59-3416084

Applied For

Not Applied For

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, KATHY
5780-79TH AVENUE NORTH
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name Gibson, Loomis P.

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

6180 23rd Ave. N.

City

St. Petersburg, FL

Zip Code

33710

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

Loomis P. Gibson

DT

5 Jan 00

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 DP ☒ Delete
NAME FABIAN, THOMAS
STREET ADDRESS 3521-40 STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE DV ☒ Delete
NAME FUDGE, SCOTT
STREET ADDRESS 7340-10 AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE DT ☒ Delete
NAME LAMBERT, KATHY
STREET ADDRESS 5780-79TH AVENUE NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE DS ☒ Delete
NAME HOLDSTEIN, NANCY
STREET ADDRESS 8201-37TH AVE. NO.
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒
NAME Humphrey, James
STREET ADDRESS 6466 29th Ave. N.
CITY-ST-ZIP St. Petersburg, FL. 33710

TITLE DV ☒ Change ☐
NAME FABIAN, THOMAS
STREET ADDRESS 3521 40th St. N
CITY-ST-ZIP St. Petersburg, FL. 33713

TITLE DT ☐ Change ☒
NAME Gibson, Loomis P.
STREET ADDRESS 6180 23rd Ave. N
CITY-ST-ZIP St. Petersburg, FL. 33710

TITLE DS ☐ Change ☒
NAME Giparas, Sherrie
STREET ADDRESS 6430 33rd Ave. N.
CITY-ST-ZIP St. Petersburg, FL. 33710

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

TITLE ☐ Change ☐
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

Loomis P. Gibson

5 Jan 00 (727) 343 24

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #