

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003561

1. Entity Name

MISS PINELLAS PARK SOFTBALL, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90100 043 ****70.00

Principal Place of Business

7500-81ST ST. NO
PINELLAS PARK FL 33781

Mailing Address

P.O. BOX 2124
PINELLAS PARK FL 33781

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 Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, LOOMIS P
6180 -23RD AVE N
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name *Kristen A. Klinesmith*

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

5845 81st Ave N.

City *Pinellas Park*

FL

Zip Code
33781

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

Kristen A. Klinesmith

Kristen A. Klinesmith

1-16-01

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 **HUMPHREY, JAMES**
STREET ADDRESS **6466 -29TH AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **DV** ☐ Delete
NAME **FABIAN, THOMAS**
STREET ADDRESS **3521 -49TH ST N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **DT** ☒ Delete
NAME **GIBSON, LOOMIS P**
STREET ADDRESS **6180 -23RD AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **DS** ☐ Delete
NAME **GIPARAS, SHERRIE**
STREET ADDRESS **6430 -33RD AVE N**
CITY-ST-ZIP **SAINT 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 ☒ Addition
NAME *Natalie Swain*
STREET ADDRESS *3900 58th Lane N.*
CITY-ST-ZIP *St Pete, FL 33709*

TITLE **DV** ☒ Change ☐ Addition
NAME *Thomas Fabian*
STREET ADDRESS *3521 49th Street N.*
CITY-ST-ZIP *St. Pete, FL 33713*

TITLE **DT** ☐ Change ☒ Addition
NAME *Kristen A. Klinesmith*
STREET ADDRESS *5845 81st Ave N.*
CITY-ST-ZIP *Pinellas Park, FL 33781*

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

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

TITLE ☐ Change ☐ 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:

Kristen A. Klinesmith

1-16-01

727-723-3772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)