

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003561

1. Entity Name

MISS PINELLAS PARK SOFTBALL, INC.

**FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

09-23-2002 90045 032 \*\*\*\*70.00

Principal Place of Business

7500-61ST ST. NO  
 PINELLAS PARK FL 33781

Mailing Address

P.O. BOX 2124  
 PINELLAS PARK FL 33781

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3416084

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

KLINESMITH, KRISTEN A  
 5845 81ST AVE NORTH  
 PINELLAS PARK FL 33781

Name

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

City

FL

Zip Code

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*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
 NAME SWAIN, NATALIE  
 STREET ADDRESS 3900 - 58TH LANE NORHT  
 CITY-ST-ZIP SAINT PETERSBURG FL 33709

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

TITLE DV ☐ Delete  
 NAME THOMAS, FABIAN  
 STREET ADDRESS 3521 - 40TH ST NORTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33713

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

TITLE DT ☐ Delete  
 NAME KLINESMITH, KRISTEN  
 STREET ADDRESS 5845 81ST AVE NORTH  
 CITY-ST-ZIP PINELLAS PARK FL 33781

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

TITLE DS ☐ Delete  
 NAME GIPARAS, SHERRIE  
 STREET ADDRESS 6430 -33RD AVE N.  
 CITY-ST-ZIP SAINT PETERSBURG FL 33710

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

CR2E037 (9/01)

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02

Date

727-437-0139

Daytime Phone #