

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90127 015 ****70.00

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1. Entity Name
MISS PINELLAS PARK SOFTBALL, INC.



Principal Place of Business

**7600 61ST ST. NO
PINELLAS PARK FL 33781**

New Address

Mailing Address

**P.O. BOX 2124
PINELLAS PARK FL 33781**

2. Principal Place of Business

3. Mailing Address

4100 66th Ave No
Suite, Apt. #, etc.

P.O. Box 2124
Suite, Apt. #, etc.

City & State

Pinellas Park FL

City & State

Pinellas Park FL

Zip

33781

Country

USA

Zip

33781

Country

USA

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

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

7. Name and Address of New Registered Agent

Name **Natalie Swain**

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

3900 58th Lane N

City **St Petersburg**

FL

Zip Code **33709**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/20/03 Natalie Swain President 1-20-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SWAIN, NATALIE	
STREET ADDRESS	3900 - 58TH LANE NORHT	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, FABIAN	
STREET ADDRESS	3521 - 40TH ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	KLINESMITH, KRISTEN	
STREET ADDRESS	5845 81ST AVE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GIPARAS, SHERRIE	
STREET ADDRESS	6430 -33RD AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK HALL	
STREET ADDRESS	5027 21ST AVE N	
CITY-ST-ZIP	St. Petersburg FL 33710	
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		
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 of Natalie Swain

1-20-03

(727) 527-1111

CR2E037 (10/02)