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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90034 026 \*\*\*\*61.25

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**DOCUMENT # N94000005843**

1. Corporation Name

**FLORIDA WEST BASEBALL UMPIRE ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 21011  
SARASOTA FL 34276  
US

Mailing Address

P.O. BOX 21011  
SARASOTA FL 34276  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

65-0553284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**PARSLEY, WALTER L**  
**2264 LOCKWOOD MEADOWS WAY**  
**SARASOTA FL 34234**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **TS**  
STREET ADDRESS **PARSLEY, WALTER L**  
CITY-ST-ZIP **2264 LOCKWOOD MEADOWS WAY**  
**SARASOTA FL 34234**

TITLE ☒ DELETE  
NAME **PD**  
STREET ADDRESS **FREDRICKSON, RANDY**  
CITY-ST-ZIP **1200 DARTMOUTH DRIVE**  
**BRADENTON FL 34207**

TITLE ☐ DELETE  
NAME **BAD**  
STREET ADDRESS **SIELAFF, BOB**  
CITY-ST-ZIP **5904 36TH AVE CIR WEST**  
**BRADENTON FL 34209**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **PD**  
2.3 STREET ADDRESS **TOM LOCRASIO**  
2.4 CITY-ST-ZIP **4076 LINWOOD STREET**  
**SARASOTA, FL, 34232**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Walter Parsley** **RECEIVED** **WALTER L. PARSLEY** **5-18-99** **941-955-6374**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)