

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90349 029 \*\*\*\*61.25

**DOCUMENT # N95000000138**

1. Entity Name

**THE SUNCOAST SOFTBALL LEAGUE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 15161  
 TAMPA FL 33684-5161

P.O. BOX 15161  
 TAMPA FL 33684-5161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3526755**

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

~~REYNOLDS, HORACE G JR  
 1410 E. COMANCHE AVE  
 TAMPA FL 33604~~

(O.K.)  
 (H)

Name: ~~Horace G. Reynolds Jr~~  
 Street Address: ~~1410 E. Comanche Ave~~  
 City: ~~Tampa~~ FL Zip Code: ~~33604~~

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: Horace G. Reynolds Jr. **Horace G. Reynolds Jr.** **4-29-02**  
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 NAME	<del>PO</del> REYNOLDS, HORACE G JR	<input type="checkbox"/> Delete
STREET ADDRESS	1410 E. COMANCHE AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE NAME	SD JOHNSON, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	4610 N. ARMEVIA APT. 428	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE NAME	V BAILEY, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11907 DIETZ DR	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE NAME	WILMS, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	1126 150 ST. N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE NAME	S RONAN, ANTHONY S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3813 EL PINO BLVD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE NAME	D KIRIN, RIEN	<input type="checkbox"/> Delete
STREET ADDRESS	2711 N. RIDGWOOD AVE. # 4	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE NAME	D only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Matthew Larossee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Treasurer 5007 E. Whiteway DR.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE NAME	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Curtis Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	President 5007 E. Whiteway DR.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Horace G. Reynolds, Director **Horace G. Reynolds, Director** **4/29/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/01)