

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

9/12/2003-90099-008-\$61.25-\$61.25

0012075

DOCUMENT # N95000000138

1. Entity Name
THE SUNCOAST SOFTBALL LEAGUE, INC.



FILED

03 OCT -7 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 15161
TAMPA FL 33684-5161

Mailing Address
P.O. BOX 15161
TAMPA FL 33684-5161



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-3526755**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent
REYNOLDS, HORACE G JR
1410 E. COMANCHE AVE
TAMPA FL 33604

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D WHITE, TYLER 1001 S ROME AVE #10 TAMPA, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D DYER, JEFF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'AMBRA, SONNY 3010 54TH ST S GULFPORT, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** *[Signature]* 9/16/2003 P132050007

CR2E037 (4/03)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 15, 2003

THE SUNCOAST SOFTBALL LEAGUE, INC.
P.O. BOX 15161
TAMPA, FL 33684-5161

Subject: THE SUNCOAST SOFTBALL LEAGUE, INC.

Reference Number: N95000000138

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCAION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

Attn

/JB
ANNUAL REPORTS SECTION

*409 E Gaines Street
Tallahassee, FL 32399*

Tyler White
Suncoast Softball League, Inc.
PO Box 15161
Tampa, FL 33684
October 6, 2003

Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

REFERENCE NUMBER: N95000000138

SENT VIA FEDEX, TRACKING #821576397146

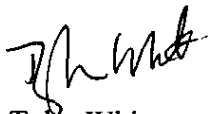
To Whom It May Concern:

This letter is in response to your notice dated 09/15/2003 (enclosed).

The UBR has now been signed by an officer of our corporation. I was informed during a phone conversation today with your department that no additional fees are required, and this should satisfy requirements to avoid administrative dissolution/revocation of our corporation.

Should you have any questions, or if there are any additional requirements, please don't hesitate to call me at (813) 205-0007.

Sincerely,



Tyler White
Treasurer