

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

05-24-2001 90501 040 ****61.25

DOCUMENT # N95000001051

1. Entity Name

BARTOW BLAZE FASTPITCH SOFTBALL, INC.

Principal Place of Business

Mailing Address

1110 S MCADOO AVE
BARTOW FL 338301110 S MCADOO AVE
BARTOW FL 33830

2. Principal Place of Business

1440 Lyle Pkwy

Suite, Apt. #, etc.

3. Mailing Address

1440 Lyle Pkwy

Suite, Apt. #, etc.

City & State

BARTOW FL 33830

City & State

Bartow FL

4. FEI Number

59-3118069

Applied For

Not Applicable

Zip

33830

Country

USA

Zip

33830

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 REHBERG, BETTY V
 1110 S MCADOO AVE
 BARTOW FL 33830

7. Name and Address of New Registered Agent

Name: Martha Howell

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

1440 Lyle Pkwy

City: BARTOW

FL

Zip Code

33830

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: MARTHA Howell
Betty V Rehberg

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

Martha Howell 03-12-01

(NOT Registered Agent signature required when reappointing)

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

TITLE	PD	☒ Delete
NAME	HOWELL, CARL C JR.	
STREET ADDRESS	1440 LYLE PARKWAY	
CITY-ST-ZIP	BARTOW FL	
TITLE	STD	☒ Delete
NAME	HOWELL, MARTHA A	
STREET ADDRESS	1440 LYLE PARKWAY	
CITY-ST-ZIP	BARTOW FL	
TITLE	VD	☒ Delete
NAME	ROBERTS, CHRISTOPHER L	
STREET ADDRESS	5011 LUCE RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President D	☐ Change ☒ Addition
NAME	Mike Butler D	
STREET ADDRESS	3501 Courtland Ln D	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE	Vice President	☐ Change ☒ Addition
NAME	Carl C Howell D	
STREET ADDRESS	1440 Lyle Pkwy D	
CITY-ST-ZIP	Bartow FL 33830	
TITLE	Cheryl Rutenbar	☐ Change ☒ Addition
NAME	Treasurer	
STREET ADDRESS	2210 Shanandoah	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE	Martha Howell D	☐ Change ☒ Addition
NAME	Secretary	
STREET ADDRESS	1440 Lyle Pkwy D	
CITY-ST-ZIP	Bartow FL 33830	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 the 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 817, 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:

Martha Howell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 3-12-01 863-519-9401
 Date Daytime Phone #

CR2E037 (10/00)