

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001276

1. Entity Name

NORTH PALM BEACH GIRL'S SOFTBALL ASSOCIATION, IN

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90051 043 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 14103
SUITE 204
NORTH PALM BEACH FL 33408
US

P.O. BOX 14103
SUITE 204
NORTH PALM BEACH FL 33408-0103
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0534815

Applied For

Not Applicable

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

ARGEUANLT, GERARD
109 S ANCHORAGE DR
SUITE 204
NORTH PALM BEACH FL 33408

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.

SIGNATURE

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 ☐ Delete

NAME HERRITT, SARAH
STREET ADDRESS 433 HARBOR ROAD
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME VPD
STREET ADDRESS PATERSEN, LISA
CITY-ST-ZIP 1577 PACKWOOD ROAD
NORTH PALM BEACH FL

TITLE ☐ Change ☐ Addition

TITLE ☒ Delete

NAME TD
STREET ADDRESS ARSENUALT, GERARD
CITY-ST-ZIP 109 S ANCHORAGE
NORTH PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME PD
STREET ADDRESS WALKER, REBECCA
CITY-ST-ZIP 807 EASTERLY ROAD
NORTH PALM BEACH FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME Treasurer
STREET ADDRESS Janet Kengel
CITY-ST-ZIP 2610 Wabash Dr
North Palm Beach, FL 33410

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sarah Herritt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2000
Date
844-0465
Daytime Phone #

CR2E037 (9/99)