

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

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90079 003 \*\*\*\*61.25

**DOCUMENT # N95000001276**

1. Entity Name

**NORTH PALM BEACH GIRL'S SOFTBALL ASSOCIATION, IN C.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**SIMPSON, JEFFREY  
13245 ST TROPEZ CIRCLE  
PALM BEACH GARDENS FL 33410**

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, 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD**  
NAME **WASIK, CHRIS**  
STREET ADDRESS **928 EVERGREEN DRIVE**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

☐ Delete

T ☒ Change ☐ Addition

TITLE **S**  
NAME **SANICKY, COLLETTE**  
STREET ADDRESS **937 WESTWIND DRIVE**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

☒ Delete

☐ Change ☐ Addition

TITLE **PD**  
NAME **SIMPSON, JEFFREY**  
STREET ADDRESS **13245 ST TROPEZ CIRCLE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

☐ Delete

☐ Change ☐ Addition

TITLE **T**  
NAME **CHICCA, CHRIS**  
STREET ADDRESS **4015 TANGLWOOD**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

☒ Delete

☐ Change ☐ Addition

TITLE ☐ Delete

TITLE **VPD**  
NAME **Smith, David**  
STREET ADDRESS **518 Marlin Rd**  
CITY-ST-ZIP **North Palm Beach FL 33408**

☐ Change

☒ Addition

TITLE ☐ Delete

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:

**Jeffrey F. Simpson**

**1/6/03 5616229544**

CR2E037 (10/02)