

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90064 035 \*\*\*\*61.25

**DOCUMENT # N95000004525**

1. Entity Name  
**FLAGLER FASTPITCH ATHLETIC SOFTBALL TEAMS, INC.**

Principal Place of Business  
**1628 S DAYTONA AVE  
FLAGLER BEACH FL 32136**

Mailing Address  
**1628 S DAYTONA AVE  
FLAGLER BEACH FL 32136**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **59-3375120**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CARMEN, JIM  
26 PITTMAN DRIVE  
PALM COAST FL 32164**

**7. Name and Address of New Registered Agent**

Name **Disregard: No Change**  
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 **Jim Carman - Jim Carman - Treasurer**  
Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)

**1/9/02**  
DATE  
**Spined in Error - Please Disregard - No Change**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DOSS, TED</b>	
STREET ADDRESS	<b>1628 SOUTH DAYTONA AVE</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH FL 32136</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, DONALD L</b>	
STREET ADDRESS	<b>29 BANTON LANE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SHIRK, GINNY</b>	
STREET ADDRESS	<b>8 ARMAND BEACH DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, GARY</b>	
STREET ADDRESS	<b>46 WOODWORTH DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32164</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOEHM, ELLEEN</b>	
STREET ADDRESS	<b>25 DEERWOOD ST</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, BETH</b>	
STREET ADDRESS	<b>12 PERNWOOD DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ted Doss</b>	
STREET ADDRESS	<b>1628 Daytona Ave</b>	
CITY-ST-ZIP	<b>Flagler Beach, FL, 32136</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jim Carman</b>	
STREET ADDRESS	<b>26 Pittman Drive</b>	
CITY-ST-ZIP	<b>Palm Coast, FL, 32164</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Candy March</b>	
STREET ADDRESS	<b>P.O. Box 2305</b>	
CITY-ST-ZIP	<b>Flagler Beach, FL, 32136</b>	
TITLE	<b>UPC - President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Barbara Devine</b>	
STREET ADDRESS	<b>7 Walter Place</b>	
CITY-ST-ZIP	<b>Palm Coast, FL, 32164</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Beth Taylor</b>	
STREET ADDRESS	<b>12 Pernwood Drive</b>	
CITY-ST-ZIP	<b>Palm Coast, FL, 32137</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Elizabeth Newell</b>	
STREET ADDRESS	<b>3 Bluth Court</b>	
CITY-ST-ZIP	<b>Palm Coast, FL, 32137</b>	

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: **Jim Carman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/02** **1-386-437-3891**  
Date Daytime Phone #

CR2E037 (9/01)