

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004705

1. Entity Name

TOM BROWN PARK LITTLE MAJOR LEAGUE ASSOCIATION,

FILED

Mar 27, 2001 8:00 am  
Secretary of State

03-27-2001 90018 021 \*\*\*\*61.25

Principal Place of Business

EASTERWOOD DRIVE  
TALLAHASSEE FL 32301

Mailing Address

P O BOX 14798  
TALLAHASSEE FL 32317  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3393860

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SELLARS, PRESTON H  
3080 HAWKS LANDING DRIVE  
TALLAHASSEE FL 32308

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 Preston H Sellars, President 3-11-01

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SELLARS, PRESTON H<br>3080 HAWKS LANDING DRIVE<br>TALLAHASSEE FL 32308 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BARTLETT, RON<br>4084 BELLINGTON COURT<br>TALLAHASSEE FL 32308          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SIMMONS, BEVERLY<br>4109 TRALEE ROAD<br>TALLAHASSEE FL 32308            | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>BLACKBURN, JEB<br>2702 MASTERTSON DR<br>TALLAHASSEE FL 32311            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>DAUGHERTY, LARRY<br>3200 CRANLEIGH DR<br>TALLAHASSEE FL 32308           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GASKINS, KEITH<br>6800 WORTH COURT<br>TALLAHASSEE FL 32308              | <input checked="" type="checkbox"/> Delete |

|                                                |                                                                                                                                                                 |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>Lisa McGovern<br>6904 Ebony Trail<br>Tallahassee, FL 32308<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>John Waldren<br>6536 Man O War Trail<br>Tallahassee, FL 32308<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary<br>Jeb Blackburn<br>2702 Masterson Dr<br>Tallahassee, FL 32311<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>Larry Daugherty<br>3200 Cranleigh Dr<br>Tallahassee, FL 32308<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Treasurer<br>Theresa Lane<br>4711 Tory Sound Lane<br>Tallahassee, FL 32308<br><input type="checkbox"/> Change <input checked="" 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: Preston H Sellars, President

3-11-01

850-421-6215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)