

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90078 003 \*\*\*\*61.25

**DOCUMENT # N95000004705**

1. Entity Name

**TOM BROWN PARK LITTLE MAJOR LEAGUE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**EASTERWOOD DRIVE  
TALLAHASSEE FL 32301**

**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

Zip

Country

Zip

Country

4. FEI Number

**59-3393860**

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

**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

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 **PD**  
STREET ADDRESS **SELLARS, PRESTON H**  
CITY-ST-ZIP **3080 HAWKS LANDING DRIVE  
TALLAHASSEE FL 32308**

TITLE ☒ Delete  
NAME **VP**  
STREET ADDRESS **MCGOVERN, LISA**  
CITY-ST-ZIP **6904 EBONY TRAIL  
TALLAHASSEE FL 32308**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **WALDREN, JOHN**  
CITY-ST-ZIP **2702 MASTERSON DR  
TALLAHASSEE FL 32311**

TITLE ☒ Delete  
NAME **S**  
STREET ADDRESS **BLACKBURN, JEB**  
CITY-ST-ZIP **2702 MASTERSON DR  
TALLAHASSEE FL 32311**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DAUGHERTY, LARRY**  
CITY-ST-ZIP **3200 CRANLEIGH DR  
TALLAHASSEE FL 32308**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **LANE, THERESA**  
CITY-ST-ZIP **4711 TORY SOUND LANE  
TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **Michelle Condo**  
CITY-ST-ZIP **6412 Stone Street Trail  
Tallahassee, FL 32308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **Lawrence Revell**  
CITY-ST-ZIP **6404 Cavalcade Trail  
Tallahassee, FL 32308**

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Randy Hopkins**  
CITY-ST-ZIP **4060 Brandon Hill Dr  
Tallahassee, FL 32308**

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **Lora Holcombe**  
CITY-ST-ZIP **3514 Limerick Dr  
Tallahassee, FL 32308**

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:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-02 850-922-3836**

Date

Daytime Phone #

CR2E037 (9/01)