

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

FILED
Jun 26, 2003 8:00 am
Secretary of State

06-26-2003 90038 005 ****70.00

DOCUMENT # N95000004913

1. Entity Name

RASCAL'S FASTPITCH SOFTBALL, INC.



Principal Place of Business

**3521 40TH STREET, NORTH
ST. PETERSBURG FL 33713**

Mailing Address

**3521 40TH STREET, NORTH
ST. PETERSBURG FL 33713**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3339883**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FABIAN, ARLENE

**3521 40TH STREET, NORTH
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

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

[Signature] **6/23/2003**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYERS, SHARON	
STREET ADDRESS	3521 40TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	FABIAN, ARLENE	
STREET ADDRESS	3521 40TH STREET NORTH	
CITY-ST-ZIP	ST PETE FL 33713	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FABIAN, THOMAS B	
STREET ADDRESS	3521 40TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VIDAL, TAMMIE	
STREET ADDRESS	3521 40TH ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	DECAPRIA, FRANK	
STREET ADDRESS	3521 40TH ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN Redwell	
STREET ADDRESS	3521-40 St. N.	
CITY-ST-ZIP	St. Pete FL 33713	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH VIDAL	
STREET ADDRESS	3521-40 St. N.	
CITY-ST-ZIP	St. Pete, FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] **6/23/2003** **727-527-4861**

CR2E037 (10/02)