

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000483

1. Entity Name

MIDDLEBURG FLAME FASTPITCH CLUB INC.

Principal Place of Business

POST OFFICE BOX 953  
MIDDLEBURG FL 32050-0953

Mailing Address

POST OFFICE BOX 953  
MIDDLEBURG FL 32050-0953

2. Principal Place of Business

2418 Iris St.

3. Mailing Address

PO Box 953

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg FL

City & State

Middleburg FL

Zip

32068

Country

CLS A

Zip

32050-0953

Country

USA

6. Name and Address of Current Registered Agent

GAINEY, TONI  
6017 FRANCINE DRIVE  
JACKSONVILLE FL 32234

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.

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

TITLE D ☐ Delete  
NAME LANCASTER, CEREINA M  
STREET ADDRESS 2414 IRIS ST  
CITY-ST-ZIP MIDDLEBURG FL

TITLE D ☐ Delete  
NAME LUCKO, T.  
STREET ADDRESS 4219 CLOVE ST  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE D ☐ Delete  
NAME GAINEY, TONI  
STREET ADDRESS 6017 FRANCINE DR  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete  
NAME NAU, P  
STREET ADDRESS 2950 S DEER AVE  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE D ☐ Delete  
NAME KENT, DEBBIE  
STREET ADDRESS 5997 FRANCINE DR  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cereina M. Lancaster Cereina M. Lancaster

Date

Daytime Phone #

FILED  
Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90118 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)