

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000750

1. Entity Name

CALOOSA PARK SOFTBALL CLUB, INC.

Principal Place of Business

P O BOX 1481
BOYNTON BEACH FL 33435

Mailing Address

P O BOX 1481
BOYNTON BEACH FL 33435

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

65-0648485

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

BELL, TONY
503 SE 20 AVE APT 9B
BOYNTON BEACH FL 33435

Name BELL, TONY
Street Address (P.O. Box Number is Not Acceptable)
1123 RIALTO DR.
City BOYNTON BEACH FL 33436

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

Tony Bell

3-28-01

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 PD ☐ Delete
NAME BELL, TONY
STREET ADDRESS 503 SE 20 AVE APT 9B
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE PD ☒ Change ☐ Addition
NAME BELL, TONY
STREET ADDRESS 1123 RIALTO DR.
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE D ☐ Delete
NAME STATLER, GEOFF
STREET ADDRESS 605 N SWINTON AVE
CITY-ST-ZIP DELRAY BEACH FL 33444

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

TITLE STD ☐ Delete
NAME DRISCOLL, KIMBERLY A
STREET ADDRESS 1796 BANYAN CREEK CIRCLE NORTH
CITY-ST-ZIP BOYNTON BEACH FL 33436

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

TITLE D ☐ Delete
NAME TUCKER, STEVE
STREET ADDRESS 7782 HOFFY CIR
CITY-ST-ZIP LAKE WORTH FL 33467

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Tony Bell REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-01 (561) 704-2067
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)