

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

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90001 041 ***61.25

DOCUMENT # *N96000001261*

1. Entity Name

Fort Pierce Little League Concession, Inc.



DO NOT WRITE IN THIS SPACE

54073110

2. Principal Place of Business

2503 Delaware Ave

3. Mailing Address

P.O. Box 13041

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

4. FEI Number

Applied For

Not Applicable

Zip

34947

Country

Zip

34948-3041

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Shelby B. Harrell*

Street Address (P.O. Box Number is Not Acceptable)

610 Emerald Ave

City *Fort Pierce*

FL

Zip Code

34945

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

Shelby B. Harrell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/29/04

DATE

FEE IS \$81.25

Initial or Amended UBR

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	<i>PD</i>
NAME	<i>Shelby B. Harrell</i>
STREET ADDRESS	<i>610 Emerald Ave.</i>
CITY- ST- ZIP	<i>Fort Pierce, FL 34945</i>
TITLE	<i>VD</i>
NAME	<i>Terrell Selph</i>
STREET ADDRESS	<i>Fort Pierce, FL 34951</i>
CITY- ST- ZIP	<i>-</i>
TITLE	<i>DS</i>
NAME	<i>Carolyn Mounts</i>
STREET ADDRESS	<i>826 SW Paul Revere Terr</i>
CITY- ST- ZIP	<i>Fort St Lucie, FL 34983</i>
TITLE	<i>DT</i>
NAME	<i>Susan Driggers</i>
STREET ADDRESS	<i>Fort Pierce, FL</i>
CITY- ST- ZIP	
TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shelby B. Harrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/04 772-216-3613

Date

Daytime Phone #

CR2E037B (12/02)