

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

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90148 003 \*\*\*\*61.25

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**DOCUMENT # N96000001261**

1. Entity Name

**FORT PIERCE LITTLE LEAGUE CONCESSION, INC.**



Principal Place of Business

**2503 DELAWARE AVE  
FT PIERCE FL 34947**

Mailing Address

**P O BOX 13041  
FORT PIERCE FL 34948-3041**

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 **65-0661368**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WARD, DANA  
1903 S. 29TH ST  
FORT PIERCE FL 34947**

7. Name and Address of New 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 (Shelby B. Harrell - Pres) 5/19/03*  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **WARD, CARL JR**  
STREET ADDRESS **1903 S. 29TH ST**  
CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE **PD** ☒ Change ☒ Addition  
NAME **Shelby B. Harrell**  
STREET ADDRESS **610 Emerald Ave.**  
CITY-ST-ZIP **Ft. Pierce, FL 34945**

TITLE **VPD** ☐ Delete  
NAME **SUMMERLIN, BARBARA**  
STREET ADDRESS **2503 DELAWARE RD**  
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Barbara Summerlin**  
STREET ADDRESS **901 Citrus Ave.**  
CITY-ST-ZIP **Ft. Pierce, FL 34950**

TITLE **TSCM** ☒ Delete  
NAME **WARD, DANA**  
STREET ADDRESS **1903 S. 29TH ST**  
CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE **Sec. D.** ☐ Change ☒ Addition  
NAME **Lynn Stone**  
STREET ADDRESS **6103 Palm Dr.**  
CITY-ST-ZIP **Ft. Pierce, FL 34982**

TITLE **DC** ☒ Delete  
NAME **ROMLINSON, JAMIE**  
STREET ADDRESS **5412 SSEAGRAPE DR.**  
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **Trea. D.** ☐ Change ☒ Addition  
NAME **David French**  
STREET ADDRESS **111 Woodcrest**  
CITY-ST-ZIP **Ft. Pierce, FL 34945**

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:

*Shelby B. Harrell (Shelby B. Harrell - Pres) 5/19/03 772-216-3613*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)