

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90001 020 \*\*\*\*61.25

**DOCUMENT # N97000000128**

1. Entity Name

**SOUTH BREVARD SHARKS GIRLS FASTPITCH SOFTBALL, I NC.**

Principal Place of Business

930 S HARBOR CITY BLVD  
 STE 505  
 MELBOURNE FL 32901

Mailing Address

930 S HARBOR CITY BLVD  
 STE 505  
 MELBOURNE FL 32901  
 US

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

**59-3414981**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~CHARLES IAN NASH, FRESE, NASH, HANSEN~~  
~~930 S HARBOR CITY BLVD~~  
~~STE 505~~  
~~MELBOURNE FL 32901~~

7. Name and Address of New Registered Agent

Name: **Tracy Haddock / Space Coast Sharks**  
 Street Address (P.O. Box Number is Not Acceptable): **2145 Cindy Circle**  
**Melbourne FL**  
 City: **FL** Zip Code: **32935**

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	DP	<input type="checkbox"/> Delete
NAME	HADDOCK, TRACY	
STREET ADDRESS	255 FERNANDINA ST NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HADDOCK, DIANNE	
STREET ADDRESS	255 FERNANDINA ST.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BLAKE, KIM	
STREET ADDRESS	231 BREAKWATER STREET	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	NASH, CHARLES IAN	
STREET ADDRESS	4355 COREY ROAD	
CITY-ST-ZIP	VALKARIA FL 32950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tracy Haddock	
STREET ADDRESS	2145 Cindy Circle	
CITY-ST-ZIP	Melbourne FL 32935	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dannie Haddock	
STREET ADDRESS	2145 Cindy Circle	
CITY-ST-ZIP	Melbourne FL 32935	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tracy Haddock	
STREET ADDRESS	2145 Cindy Circle	
CITY-ST-ZIP	Melbourne FL 32935	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dannie Haddock	
STREET ADDRESS	2145 Cindy Circle	
CITY-ST-ZIP	Melbourne FL 32935	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Tracy Haddock**

**1/14/02' (321) 253 0087**

CR2E037 (9/01)