

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-31-2001 90052 017 ****61.25

DOCUMENT # N97000000220

1. Entity Name

TWILIGHT GIRLS FAST PITCH SOFTBALL, INC.

Principal Place of Business

Mailing Address

~~146 LAKE DAISY TERRACE~~
~~WINTER HAVEN FL 33884~~

P.O. BOX 50
LAKE WALES FL 33859

2. Principal Place of Business

4211 Shadow Wood Dr.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

FL

Zip

33880

Country

FLK

Zip

Country

4. FEI Number

59-3358837

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

Name

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

City

FL

Zip Code

MOORE, PAUL

~~4211 SHADOW WOOD DR~~
~~WINTER HAVEN FL 33881~~

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

Paul Moore

1/25/01

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	DT	☒ Delete
NAME	BARKER, HERB	
STREET ADDRESS	25275 HWY 27N LOT 49	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	V	☒ Delete
NAME	WILDER, LEE	
STREET ADDRESS	120 HIGH VISTA DR.	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	DS	☐ Delete
NAME	SIMOENS, JIM	
STREET ADDRESS	146 LK DAISY TERR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	PD	☐ Delete
NAME	MOORE, PAUL	
STREET ADDRESS	4211 SHADOW WOOD DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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
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:

SIG Paul Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

Date

863-293-7884

Daytime Phone #

CR2E037 (10/00)

Attachment
#N970000200
27846

New Address

602 Clayton Circle
Winter Haven, Fl. 33880

Thanks

Paul Mear

and call

ARR-MAZ (941)293-7884