

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000853

1. Entity Name

LADY LIONS SOFTBALL, INC.

Principal Place of Business

C/O LEON HIGH SCHOOL
550 EAST TENNESSEE STREET
TALLAHASSEE FL 32308

Mailing Address

C/O LEON HIGH SCHOOL
550 EAST TENNESSEE STREET
TALLAHASSEE FL 32308-4938

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BISCHOFF, WILLIAM S ESQ.
1720 SOUTH GADSDEN STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 PD. ☐ Delete
NAME CHENEY, JOHN MR
STREET ADDRESS 1311 DILLARD ST
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VPD. ☐ Delete
NAME GAMMON, DEBORAH MRS
STREET ADDRESS 3348 E LAKESHORE DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE S. ☐ Delete
NAME SCHNEIDER, CAROL MRS
STREET ADDRESS 2039 CYNTHIA DR
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE T. ☒ Delete
NAME NORTH CUT, DEBORAH MRS
STREET ADDRESS 1104 KENILWORTH RD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D. ☐ Delete
NAME TAFF, WINDY MS
STREET ADDRESS 550 E TENNESSEE ST
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 T. ☐ Change ☒ Addition
NAME HORN, GEOFFREY DR.
STREET ADDRESS 7844 BIRCHWOOD ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

850 942 3688

Daytime Phone #

CR2E037 (9/99)