## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Apr 18, 2001 8:00 am Secretary of State DOCUMENT # N97000001267 1. Entity Name SEBRING YOUTH FAST PITCH SOFTBALL, INC. 04-18-2001 90008 039 \*\*\*\*61.25 Principal Place of Business Mailing Address PO BOX 4253 P O BOX 4253 SEBRING FL 33871 SEBRING FL 33871 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0716549 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAMMY J. Hancock, CPA Street Address (P.O. Box Number is Not Acceptable) MOONEY, GARY 1814 IRIS AVE 435 S. Commerce Ave. SEBRING FL 33872 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Addition ☐ Change Holly E. Taylor 4611 Bunker Dr. NAME MOONEY, GARY NAME 127 SHARON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-ZIP Sebrina TD TITLE TITLE Delete ☐ Change Addition MICKEY PACK MOONEY, ANGIE NAME NAME STREET ADDRESS 127 SHARON AVE 1930 Kina Ave STREET ADDRESS CITY-ST-7IP SEBRING FL 33872 CITY-ST-ZIP sebring) Change TITLE ☐ Delete TITLE ☐ Addition Thomas Dunn **DUNN, THOMAS** NAME NAME 4801 Whippoorwill Rd. STREET ADDRESS 5902 GOLDEN RD STREET ADDRESS CITY-ST-ZIE SEBRING FL 33872 CITY-ST-ZIP Sebrina TITLE ☐ Delete TITLE ☐ Change Addition J. NED Hancock NAME NAME 1815 N.E. Lakeview DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sebrina, FL 33870 TITLE Delete ☐ Change Addition Robert F. Freeland NAME NAME Hog Mulligan Court W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3387Z <u>Sebrina,</u> TITLE ☐ Delete TITLE ☐ Change **X** Addition ΤD NAME NAME \_.Shoop Janet STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 33870 Sebring 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

iaulor 4-10-01 863-453-3106