

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001335

1. Entity Name

FORT WHITE GIRLS' SOFTBALL ASSOCIATION, INC.

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90191 019 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 441
FORT WHITE FL 32038

P.O. BOX 441
FORT WHITE FL 32038

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 **59-3433728**

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

THOMAS STAEHNKE

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

RT 1 Box 816

City Fort White, FL

FL

Zip Code 32038

DOREY, MARILYN
RR1 BOX 2350
FT WHITE FL 32038

Tom Staehnke
Rt. 1 Box 816
Fort White, FL 32038

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 Thomas P. STAEHNKE/President

3-1-02

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DOREY, MARILYN RR 1 BOX 2350 FT WHITE FL 32038	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, TAMMY ROUTE 1 BOX 1840 FT WHITE FL 32038	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANGE, DEBORA LAZY OAK RD FT WHITE FL 32038	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, KAREN PO BOX 824 FORT WHITE FL 32038	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SIMMONS, TED BOBCAT LANE FORT WHITE FL 32038	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tom Staehnke Rt. 1 Box 816 Fort White, FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sandra Koon Rt 2 Box 356-6 Lake City, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Linda Wood Rt 14 Box 340 H Lake City, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Allan Wood Rt 14 Box 340 H Lake City, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tom Staehnke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02

386-497-3959

Date

Daytime Phone #

CR2E037 (9/01)