

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006493

1. Entity Name

HIGHLANDS COUNTY SENIOR SOFTBALL LEAGUE, INC.

Principal Place of Business

1707 LAKE PIONEER AVENUE
AVON PARK FL 33825

Mailing Address

1707 LAKE PIONEER AVENUE
AVON PARK FL 33825

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0796202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPALIN, JERRY
1707 LAKE PIONEER AVENUE
AVON PARK FL 33825

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 BROWN, CURTIS M
STREET ADDRESS 4917 ELM STREET
CITY-ST-ZIP SEBRING FL 33870

TITLE VPD ☐ Delete
NAME KAPALIN, JERRY
STREET ADDRESS 1707 LAKE PIONEER AVENUE
CITY-ST-ZIP AVON PARK FL 33825

TITLE SD ☐ Delete
NAME BELL, HARRY
STREET ADDRESS 4343 SCHUMACHER ROAD, 176 E
CITY-ST-ZIP SEBRING FL 33870

TITLE TD ☒ Delete
NAME BELL, HARRY
STREET ADDRESS 4343 SCHUMACHER ROAD, #176E
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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

Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90069 035 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)