

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003051

1. Entity Name

GOLDEN GATE HEATWAVE SOFTBALL ASSOCIATION, INC.

Principal Place of Business

2261 16TH AVE., SW  
NAPLES FL 34117

Mailing Address

2261 16TH AVE., SW  
NAPLES FL 34117

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3509014

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

STEWART, JAMES C JR  
2121 COUNTY ROAD 951  
SUITE 101  
GOLDEN GATE FL 33999

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 D ☐ Delete  
NAME SARDINA, JORGE M  
STREET ADDRESS 4795 GOLDEN GATE PARKWAY  
CITY-ST-ZIP GOLDEN GATE FL 34116

TITLE D ☒ Delete  
NAME HEINTZ, LYDIA M  
STREET ADDRESS 2301 COUNTY ROAD 951  
CITY-ST-ZIP GOLDEN GATE FL 34116

TITLE D ☐ Delete  
NAME BOWEN, LISA  
STREET ADDRESS 4818 CORTEZ CIR  
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D ☒ Change ☐ Addition  
NAME Susan Sardina  
STREET ADDRESS 2261 16th Ave SW  
CITY-ST-ZIP Naples FL 34117

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 941-352-2396  
Daytime Phone

CR2E037 (10/00)