

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 91391 036 ****80.00

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		3. Mailing Address	
Suite, Apt. #, etc. 850 31st St. SW		Suite, Apt. #, etc. 850 31st St. SW	
City & State Naples, FL		City & State Naples, FL	
Zip 34117		Zip 34117	
Country USA		Country USA	
4. FEI Number 59-3509014		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARDINA, JORGE M 4795 GOLDEN GATE PARKWAY GOLDEN GATE FL 34116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeff Stevens 850 31st St. SW Naples, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, LISA 4818 CORTEZ CIR NAPLES FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dave Caple 511 27th St NW Naples, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARDINA, SUSAN 2261 16TH AVE SW NAPLES FL 34117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE 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: <i>[Signature]</i>		Date 4/29/03	
Daytime Phone # 239-592-7070		_____	

CR2E037 (10/02)