

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002476

1. Entity Name

LAKE REGION THUNDER SOFTBALL BOOSTERS, INC. ✓

Principal Place of Business

1995 THUNDER ROAD
EAGLE LAKE FL 33839

Mailing Address

C/O PAULA VANN
110 N RIFLE RANGE RD
WINTER HAVEN FL 33880

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

59-3536293

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

ORTAGUS, RONNIE
511 MANDY STREET
AUBURNDAL FL 33823

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
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	VAUGHT, GENE	
STREET ADDRESS	1032 EDGEWATER DR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAXWELL, JACK	
STREET ADDRESS	1545 S LAKE SHIPP DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880-5328	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VANN, PAULA J	
STREET ADDRESS	110 N RIFLE RANGE RD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEWITT, JUDY	
STREET ADDRESS	2837 THORNHILL RD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALDWELL, TAMMY	
STREET ADDRESS	2526 EDMOND CIRCLE	
CITY-ST-ZIP	AUBURNDAL FL 33828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90155 031 ***61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)

7/15/00