

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90101 002 ****61.25

DOCUMENT # N99000005766

1. Entity Name

WEST PASCO LADY ROCKETS SOFTBALL ASSOCIATION, IN

Principal Place of Business

**4924 BAYPARK DRIVE
PORT RICHEY FL 34668**

Mailing Address

**POST OFFICE BOX 1216
PORT RICHEY FL 34673**

2. Principal Place of Business

3. Mailing Address

4924 BayPark Dr.

Suite, Apt. #, etc.

Port Richey, FL

City & State

34668

Zip

Country

Zip

Country

4. FEI Number

59-3591762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEAK, RONALD D
4924 BAYPARK DRIVE
PORT RICHEY FL 34668**

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

RONALD D. DEAK (PRESIDENT)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DEAK, RONALD D**
STREET ADDRESS **4924 BAYPARK DRIVE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **NEELEN, ROBERT**
STREET ADDRESS **133 COVINA STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **VPD DAVID O'BRIEN** ☒ Change ☐ Addition
NAME **11523 BECKY CIRCLE**
STREET ADDRESS **TAMPA, FL. 33637**
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **BARNETT, PENNY**
STREET ADDRESS **1517 PLUMTREE DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **SD PAMELA HOFFMANN** ☒ Change ☐ Addition
NAME **4283 AZORA ROAD**
STREET ADDRESS **SPRING HILL, FL 34608**
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **MARKHAM, EVELYN**
STREET ADDRESS **6904 RIDGETOP DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **T CAROLYN LAW** ☒ Change ☐ Addition
NAME **8507 BERKLEY DR.**
STREET ADDRESS **HUDSON, FL. 34667**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MCDONALD, BETH**
STREET ADDRESS **1312 BRIGHTWELL DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **D KATHY RIGAU** ☒ Change ☐ Addition
NAME **226 LAKESIDE DR.**
STREET ADDRESS **LUTZ, FL. 33549**
CITY-ST-ZIP

TITLE ☐ Delete
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:

RONALD D. DEAK (PRESIDENT) **4/25/01** **(727) 846-9119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)