

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90103 013 ****61.25

DOCUMENT # N99000005766

1. Entity Name

WEST PASCO LADY ROCKETS SOFTBALL ASSOCIATION, IN C.



Principal Place of Business

**4924 BAYPARK DRIVE
PORT RICHEY FL 34668**

Mailing Address

**4924 BAYPARK DRIVE
PORT RICHEY FL 34668**

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 **59-3591762**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ronald D. Deak / Pres. WPLRSA, INC. 4/29/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEAK, RONALD D	
STREET ADDRESS	4924 BAYPARK DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'BRIEN, DAVID	
STREET ADDRESS	11523 BECKY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOFFMANN, PAMELA	
STREET ADDRESS	4283 AZORA ROAD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAW, CAROLYN	
STREET ADDRESS	8507 BERKLEY DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIGAU, KATHY	
STREET ADDRESS	226 LAKESIDE DR	
CITY-ST-ZIP	LUTZ FL 33549	
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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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:

Ronald D. Deak / Pres. WPLRSA, INC. 4/27/03 (727) 846-9119

CR2E037 (10/02)