

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90135 028 ***150.00

DOCUMENT # P00000025601

1. Entity Name
PLAYERS CLUB SOFTBALL, INC.

Principal Place of Business

17278 GULF PINE CIRCLE
 WELLINGTON FL 33414

CHANGE
 ↓

Mailing Address

17278 GULF PINE CIRCLE
 WELLINGTON FL 33414

CHANGE
 ↓

2. Principal Place of Business

13008 LA MIRADA CIRCLE
 Suite, Apt. #, etc.

City & State
 WELLINGTON, FLA.

Zip
 33414

Country
 U.S.A.

3. Mailing Address

P.O. BOX 210037
 Suite, Apt. #, etc.

City & State
 ROYAL PALM BEACH
 FLORIDA

Zip
 33421

Country
 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1061463

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODHUE, WILLIAM
 17278 GULF PINE CIRCLE
 WELLINGTON FL 33414

CHANGE →

7. Name and Address of New Registered Agent

Name
 SAME

Street Address (P.O. Box Number is Not Acceptable)

13008 LA MIRADA CIRCLE

City
 WELLINGTON

FL

Zip Code
 33414

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

WILLIAM R. GOODHUE

3/13/02

Signature, typed or printed name of registered agent and date (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOODHUE, WILLIAM R	
STREET ADDRESS	17278 GULF PINE CIRCLE	CHANGE ↓
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	P.O. BOX 210037	<input type="checkbox"/> Delete
NAME	ROYAL PALM BEACH	
STREET ADDRESS	FLORIDA	
CITY-ST-ZIP	33421	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM R. GOODHUE

3/13/02 561-236-6089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)