

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001469

1. Entity Name

SOUTHEAST UMPIRE ASSOCIATION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

04-03-2000 90199 006 ***150.00

Principal Place of Business

6912 CENTRAL AVE.
TAMPA FL 33604

Mailing Address

P.O. BOX 8171
TAMPA FL 33674-8171

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 59-3216850

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

CLARK, LOCK M JR.
6912 CENTRAL AVE.
TAMPA FL 33604

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME CUNNINGHAM, TOM
STREET ADDRESS 2707 WILDER RESERVE DR
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

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

TITLE T
NAME GRAUSE, WAYNE
STREET ADDRESS 7802 N JAMAICA ST
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE VICE PRESIDENT
NAME GRAUSE, WAYNE
STREET ADDRESS 7802 N. JAMAICA, ST
CITY-ST-ZIP TAMPA, FL. ☒ Change ☐ Addition

TITLE V
NAME ELY, JEFF
STREET ADDRESS 624 TIMBER BAY CIRCLE W
CITY-ST-ZIP OLDSMAR FL ☒ Delete

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

TITLE P
NAME CLARK, LOCK JR
STREET ADDRESS 6912 CENTRAL AVE
CITY-ST-ZIP TAMPA DF ☐ Delete

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

TITLE ~~JE~~
NAME ~~ROCCO~~
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TREASURER.
NAME ROCCO, BOB
STREET ADDRESS 2439 13TH ST. N.
CITY-ST-ZIP ST. PETE. FL 33704 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 813
237-8024
Date Daytime Phone #