

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000001469**

1. Entity Name

SOUTHEAST UMPIRE ASSOCIATION, INC.**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90160 014 ***150.00

Principal Place of Business

**6912 CENTRAL AVE.
TAMPA FL 33604**

Mailing Address

**P.O. BOX 8171
TAMPA FL 33674**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S CUNNINGHAM, TOM 2707 WILDER RESERVE DR PLANT CITY FL 33566	<input type="checkbox"/>		<input type="checkbox"/>
VP GRAUSE, WAYNE 7802 N JAMAICA ST TAMPA FL	<input type="checkbox"/>		<input type="checkbox"/>
P CLARK, LOCK JR 6912 CENTRAL AVE TAMPA FL	<input type="checkbox"/>		<input type="checkbox"/>
T ROCCO, BORS 2439 13TH ST N SAINT PETERSBURG FL 33704	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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

Date

Daytime Phone #

3/16/2001 813-237-8024

CR2E034 (10/00)