

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Westbahn
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 20 AM 11:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000029139 (9)

1. Corporation Name

MID PINELLAS UMPIRES ASSOCIATION, INC.



Principal Place of Business

200 N. GARDEN AVE.
SUITE A
CLEARWATER FL 34615

Mailing Address

200 N. GARDEN AVE.
SUITE A
CLEARWATER FL 34615-4120

3. Date Incorporated or Qualified

04/10/1995

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

2a. Mailing Address

30 NEW YORK AVE

4. FEI Number

59-3356597

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

DUNEDIN

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

FL

34698

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEEVAN, RONALD P
200 N. GARDEN AVE.
SUITE A
CLEARWATER FL 34615

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D PERCIVAL, THOMAS
STREET ADDRESS
850 KIRKLAND CIRCLE
CITY-ST-ZIP
DUNEDIN FL 34698

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D HARDING, GLENN
STREET ADDRESS
2546 ISLANDER CT.
CITY-ST-ZIP
PALM HARBOR FL 34683

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D RYALS, RICHIE
STREET ADDRESS
1478 SANTA CLARA DR.
CITY-ST-ZIP
DUNEDIN FL 34698

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D ELLARD, TERRY
STREET ADDRESS
871 16TH WAY
CITY-ST-ZIP
PALM HARBOR FL 34683

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)