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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90067 022 \*\*\*150.00

DOCUMENT # P95000029139

1. Corporation Name

MID PINELLAS UMPIRES ASSOCIATION, INC.



Principal Place of Business

200 N. GARDEN AVE.  
SUITE A  
CLEARWATER FL 34615

Mailing Address

2077 SAN MARINO WAY N  
CLEARWATER FL 33763  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3356597

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

24

25

29

30

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE P  
NAME WHITTLESEY, M  
STREET ADDRESS 1083 NORTHRIDGE DR  
CITY-ST-ZIP PALM HARBOR FL 34683

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T  
NAME NEFF, DAVID  
STREET ADDRESS 2077 SAN MARINO WAY NO  
CITY-ST-ZIP CLEARWATER FL 33763

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David R. Neff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-445-9198  
Date Daytime Phone #

CR2E034 (1/98)