

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90173 041 ***150.00

0497005 AV

DOCUMENT # P95000029139

1. Entity Name

MID PINELLAS UMPIRES ASSOCIATION, INC.



Principal Place of Business

**200 N. GARDEN AVE.
SUITE A
CLEARWATER FL 34615**

Mailing Address

**WILLOW POINTE
10206 SEMINOLE ISLAND DR
LARGO FL 33773
US**

2. Principal Place of Business

3. Mailing Address

10212 Sem. Isl DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Largo FL

Zip

Country

Zip

Country

33773

Pinellas

4. FEI Number

59-3356597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **P** ☒ Delete
NAME **SCOTT, DAVE**
STREET ADDRESS **918 VALLEY VIEW CIRCLE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

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

TITLE **T** ☐ Delete
NAME **NEFF, DAVID**
STREET ADDRESS **1989 MADRID CT NO**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **T** ☒ Change ☐ Addition
NAME **DAVID NEFF**
STREET ADDRESS **10212 Seminole Isl DR**
CITY-ST-ZIP **LARGO, FL 33773**

TITLE **VP** ☐ Delete
NAME **WAGNER, CHRIS**
STREET ADDRESS **2038 L. HIENECK RD**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **P** ☒ Change ☐ Addition
NAME **CHRIS WAGNER**
STREET ADDRESS **2038 L. Hieneck Rd**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **GENE HOOVER**
STREET ADDRESS **5606 MOLD LN**
CITY-ST-ZIP **Holiday, FL 34690**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

319-9614

Date

Daytime Phone #

CR2E034 (10/02)