

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90069 037 ***150.00

DOCUMENT # P96000052031

1. Entity Name
FLORIDA FAST PITCH UMPIRES INC.

Principal Place of Business

**554 N. DOVER ROAD
 TEQUESTA FL 33469**

Mailing Address

~~2664 E COMMERCIAL BLVD
 STE 208
 FORT LAUDERDALE FL 33308~~

2. Principal Place of Business

2664 Pineapple Ave

3. Mailing Address

2664 Pineapple Ave

Suite, Apt. #, etc.

72

Suite, Apt. #, etc.

72

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

65-0683879

Applied For

Not Applicable

Zip

32935-6258

Country

Brevard

Zip

32935-6258

Country

Brevard

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

Name

Jack S Sauder Jr

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

2664 Pineapple Ave

72

City

Melbourne

FL

Zip Code

32935-6258

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

Jack S Sauder Jr

April 23, 2002

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, 2002 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 **P** ☒ Delete
 NAME **SHINDOLL, LEISA**
 STREET ADDRESS **554 N DOVER RD**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **P** ☐ Change ☐ Addition
 NAME **Sauder, Jack**
 STREET ADDRESS **2664 Pineapple Ave # 72**
 CITY-ST-ZIP **Melbourne FL 32935-6258**

TITLE **VP** ☐ Delete
 NAME **PRICE, JOHN D JR**
 STREET ADDRESS **911 S 13TH ST**
 CITY-ST-ZIP **FORT PIERCE FL 34950**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☐ Addition
 NAME **Sauder, Ruth**
 STREET ADDRESS **2664 Pineapple Ave # 72**
 CITY-ST-ZIP **Melbourne FL 32935-6258**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

Jack S Sauder JR

Date

Daytime Phone #

CR2E034 (9/01)