

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90204 010 \*\*\*\*61.25

**DOCUMENT # 743236**

1. Entity Name

**FIFTY PLUS SOFTBALL LEAGUE OF LEE COUNTY, INC.**

Principal Place of Business

2104 SW 38TH TERRACE  
 CAPE CORAL FL 33904  
 US

Mailing Address

1831 SE 26TH TERRACE  
 CAPE CORAL FL 33904  
 US

2. Principal Place of Business

3. Mailing Address

2104 SW 38TH TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

33914

USA

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

**MCKIERN, DONALD**  
 2104 SW 38TH TERRACE  
 CAPE CORAL FL 33904

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOBSON, WILLIAM</b>	
STREET ADDRESS	<b>3511 SW 5TH PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>PARDI, RICHARD</b>	
STREET ADDRESS	<b>4612 SW 3RD AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEWIS, JOHN</b>	
STREET ADDRESS	<b>302 TUDOR DRIVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MCKIERNAN, DONALD</b>	
STREET ADDRESS	<b>2104 SW 38TH TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOESLER, DONALD</b>	
STREET ADDRESS	<b>321 SW 32ND ST.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MERIDITH, OWEN</b>	
STREET ADDRESS	<b>1232 SW 4TH COURT</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKEY, EDWARD</b>	
STREET ADDRESS	<b>531 SE 32ND ST.</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAULKNER, ROBERT</b>	
STREET ADDRESS	<b>1223 SE 1ST ST.</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33990</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASSARO, THOMAS</b>	
STREET ADDRESS	<b>421 ISLAMORADA BLVD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERMINARIO, JOSEPH</b>	
STREET ADDRESS	<b>221 SE 21ST TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>	

CR2E037 (10/00)

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 617, 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: *Donald E. McKiernan* (DONALD E. MCKIERNAN) 3/27/01 941-549-3792