

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90035 003 \*\*\*\*61.25

**DOCUMENT # 743236**

1. Entity Name

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

Principal Place of Business

Mailing Address

2104 SW 38TH TERRACE  
 CAPE CORAL FL 33904

2104 SW 38TH TERRACE  
 CAPE CORAL FL 33914  
 US

2. Principal Place of Business

3. Mailing Address

**15091 TAMARIND CAY CT.**

**15091 TAMARIND CAY CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 904**

**# 904**

City & State

City & State

**FORT MYERS, FL**

**FORT MYERS, FL**

Zip

Country

Zip

Country

**33908**

**USA**

**33908**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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 **DONALD E. MCKIERNAN**

Street Address (P.O. Box Number is Not Acceptable)  
**15091 TAMARIND CAY CT. #904**

City **FORT MYERS**

**FL**

Zip Code  
**33908**

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.

**DONALD E. MCKIERNAN, TREASURER**

SIGNATURE

*Donald E. McKiernan*

**1/18/02**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>HICKEY, EDWARD</b>	<b>531 SE 32ND STREET</b>	<b>CAPE CORAL FL 33904</b>	<input type="checkbox"/>
	<b>PARDI, RICHARD</b>	<b>4612 SW 3RD AVE</b>	<b>CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/>
	<b>FAULKNER, ROBERT</b>	<b>1223 SE 1ST STREET</b>	<b>CAPE CORAL FL 33990</b>	<input checked="" type="checkbox"/>
	<b>MCKIERNAN, DONALD</b>	<b>2104 SW 38TH TERRACE</b>	<b>CAPE CORAL FL 33914</b>	<input type="checkbox"/>
	<b>MASSARO, THOMAS</b>	<b>421 ISLAMORADA BLVD</b>	<b>PUNTA GORDA FL 33955</b>	<input checked="" type="checkbox"/>
	<b>GERMINARIO, JOSEPH</b>	<b>221 SE 21ST TERRACE</b>	<b>CAPE CORAL FL 33904</b>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>EVP</b>	<b>JON MARTIN MARTIN, JR</b>	<b>4515 SE 11TH PLACE</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>S</b>	<b>DAVID PAUL PAUL, DAVID</b>	<b>5329 SW 11TH PLACE</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>MILMONT, GEORGE</b>	<b>414 NE 14TH AVE</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, TREAS.**

**1/18/02 941-54**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)